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PEER-REVIEW REPORT

Name of journal: World Journal of Gastrointestinal Endoscopy

Manuscript NO: 34022

Title: Oral esomeprazole versus injectable omeprazole for the prevention of hemorrhage after ESD

Reviewer's code: 03474116

Reviewer's country: Japan

Science editor: Jin-Xin Kong

Date sent for review: 2017-03-24

Date reviewed: 2017-04-05

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input type="checkbox"/> High priority for publication
<input checked="" type="checkbox"/> Grade C: Good		<input type="checkbox"/> Duplicate publication	
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Plagiarism	<input checked="" type="checkbox"/> Rejection
<input type="checkbox"/> Grade E: Poor	<input type="checkbox"/> Grade D: Rejected	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Minor revision
		BPG Search:	<input type="checkbox"/> Major revision
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

COMMENTS TO AUTHORS

General: In this study, the authors investigated to compare efficacy of oral esomeprazole versus intravenous omeprazole therapy to prevent hemorrhage after ESD using a quasi-randomized analysis with propensity score matching. There was no significant difference in bleeding rate after ESD between esomeprazole and omeprazole. Authors concluded that oral esomeprazole is a useful alternative to intravenous omeprazole for the prevention of hemorrhage after ESD. Major comments: 1. Previously, size of gastric cancer, location, histology, kind of gastric acid suppressants, dialysis and long procedure time are reported to associate with the post-ESD gastrointestinal bleeding. Why did authors fail to show possible factors? How about dialysis patients? 2. When ESD was performed, antiplatelet/anticoagulant drugs might be stopped. Authors should show whether antiplatelet and/or anticoagulant drugs were stopped. In addition, a risk of intake of antiplatelet and anticoagulant drugs for bleeding differs. 3. In general, oral PPI od therapy did not increase intragastric pH at maximum level during 3-5 days.



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However, intravenous PPI bid therapy increase intragastric pH at 2 days. This observation may suggest that potent acid inhibition after ESD did not require during 1-3 days. In addition, authors should revise Discussion section about associations with intragastric pH and PPI administration. 4. Why did authors compared with intravenous omeprazole and oral esomeprazole, not oral omeprazole? 5. How about CYP2C19 genotypes? 6. No statistically significant difference was seen between these groups (EPZ group vs. OPZ group; OR, 0.89; 95% CI, 0.35-2.27; P = 1.00). Is the p value is right? 7. There was no significant difference in bleeding rate after ESD between esomeprazole and omeprazole. Suralfate may offset difference of intragastric pH. 8. Kind of acid suppressant may affect rate of scar formation at 35 days post ESD. 9. Please add data all patients in Table 1.



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PEER-REVIEW REPORT

Name of journal: World Journal of Gastrointestinal Endoscopy

Manuscript NO: 34022

Title: Oral esomeprazole versus injectable omeprazole for the prevention of hemorrhage after ESD

Reviewer's code: 03475590

Reviewer's country: China

Science editor: Jin-Xin Kong

Date sent for review: 2017-03-24

Date reviewed: 2017-04-08

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	Google Search:	<input checked="" type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input type="checkbox"/> High priority for publication
<input checked="" type="checkbox"/> Grade C: Good		<input type="checkbox"/> Duplicate publication	
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Plagiarism	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade E: Poor	<input type="checkbox"/> Grade D: Rejected	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Minor revision
		BPG Search:	<input type="checkbox"/> Major revision
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

COMMENTS TO AUTHORS

I advise authors to conduct a study about oral esomeprazole (EPZ) versus injectable esomeprazole (EPZ) therapy to prevent hemorrhage after ESD.



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PEER-REVIEW REPORT

Name of journal: World Journal of Gastrointestinal Endoscopy

Manuscript NO: 34022

Title: Oral esomeprazole versus injectable omeprazole for the prevention of hemorrhage after ESD

Reviewer's code: 03002202

Reviewer's country: Czech Republic

Science editor: Jin-Xin Kong

Date sent for review: 2017-03-24

Date reviewed: 2017-04-15

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input type="checkbox"/> High priority for publication
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		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

COMMENTS TO AUTHORS

The study is very well described and the results are clear. I wonder, why omeprazole oral and intravenous was not compared and you have chosen different PPIs. But I believe that the results of this study might be useful in clinical practice. Please indicate whether the antiplatelet/anticoagulant drugs were stopped during the procedure.