



PEER-REVIEW REPORT

Name of journal: *World Journal of Gastrointestinal Endoscopy*

Manuscript NO: 76209

Title: Laparoscopic and endoscopic cooperative surgery for full-thickness resection and sentinel node dissection for early gastric cancer

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 05381744

Position: Peer Reviewer

Academic degree: MD

Professional title: Doctor

Reviewer's Country/Territory: China

Author's Country/Territory: Italy

Manuscript submission date: 2022-03-08

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-03-08 16:08

Reviewer performed review: 2022-03-08 16:25

Review time: 1 Hour

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Language quality	<input type="checkbox"/> Grade A: Priority publishing <input checked="" type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
Conclusion	<input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input checked="" type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
Re-review	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No



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Peer-reviewer statements	Peer-Review: [<input checked="" type="checkbox"/>] Anonymous [<input type="checkbox"/>] Onymous Conflicts-of-Interest: [<input type="checkbox"/>] Yes [<input checked="" type="checkbox"/>] No
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SPECIFIC COMMENTS TO AUTHORS

1. It would be very interesting to add additional explanation in the manuscript . LECS technology is the simultaneous use of endoscopic technology and laparoscopic technology. Some scholars call it "LECS in the true sense" or "classical LECS". The operation was performed by Hiki et al. in 2008 First of all, it is proposed that the specific surgical methods are endoscopic incision of the mucosa and submucosa, laparoscopic incision of the seromuscular layer, inversion of the tumor to the extraserosal, and finally closure of the gastric wall with a closure device or laparoscopic sutures. Specimens are removed from the abdominal cavity. The advantage of classic LECS is that it can remove the tumor with minimal damage while ensuring sufficient margins. This technique has been widely recognized by the Japanese academic community, and it was officially written into the country's guidelines in 2014-02.The disadvantage is that it may cause iatrogenic peritonitis and tumor dissemination after opening the gastric wall.



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Reviewer’s code: 05226054

Position: Editorial Board

Academic degree: MD

Professional title: Assistant Professor

Reviewer’s Country/Territory: United States

Author’s Country/Territory: Italy

Manuscript submission date: 2022-03-08

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Reviewer accepted review: 2022-03-26 16:44

Reviewer performed review: 2022-04-03 17:40

Review time: 8 Days

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input checked="" type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Language quality	<input type="checkbox"/> Grade A: Priority publishing <input checked="" type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
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data mentioned is of ESD with and without curative intent. Authors have mentioned about LECS without any supportive data showing superiority over ESD and deceased peritoneal seeding. Authors need to support their comments with the available data.