



## PEER-REVIEW REPORT

**Name of journal:** *World Journal of Gastrointestinal Endoscopy*

**Manuscript NO:** 80323

**Title:** Endoscopic advances in the management of gastric cancer and premalignant gastric conditions

**Provenance and peer review:** Invited manuscript; Externally peer reviewed

**Peer-review model:** Single blind

**Reviewer's code:** 05469117

**Position:** Editorial Board

**Academic degree:** PhD

**Professional title:** Adjunct Professor, Chief Physician, Deputy Director

**Reviewer's Country/Territory:** China

**Author's Country/Territory:** United States

**Manuscript submission date:** 2022-09-23

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2022-10-01 16:55

**Reviewer performed review:** 2022-10-01 20:24

**Review time:** 3 Hours

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 Grade E: Do not publish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



**Baishideng  
Publishing  
Group**

7041 Koll Center Parkway, Suite  
160, Pleasanton, CA 94566, USA  
**Telephone:** +1-925-399-1568  
**E-mail:** bpgoffice@wjgnet.com  
**https://**www.wjgnet.com

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

### **SPECIFIC COMMENTS TO AUTHORS**

Thank you for inviting me to evaluate the review titled “Endoscopic Advances in the Management of Gastric Cancer and Premalignant Gastric Conditions”. In this review, the authors discussed the epidemiology of gastric cancer and the importance differences between outcomes of early and late-stage gastric cancer, then summarized the current advances being made in both the diagnosis and treatment of early gastric cancer and premalignant lesions. Finally, they comment of the current suggested recommendations for surveillance of these conditions. The paper is well arranged and the logic is clear, and. The cited literature is comprehensive and modern. The provided figures are well composed and understandable. The quality of language of the manuscript is quite acceptable for me. So, I recommend to you that this manuscript could be accepted. There are some advices for author: 1) How to evaluate the application of endoscopic ultrasonography, fluorescence endoscopy and other endoscopic techniques? 2) How to evaluate endoscopic mucosal lesion techniques, such as high frequency electrocoagulation ?



## PEER-REVIEW REPORT

**Name of journal:** *World Journal of Gastrointestinal Endoscopy*

**Manuscript NO:** 80323

**Title:** Endoscopic advances in the management of gastric cancer and premalignant gastric conditions

**Provenance and peer review:** Invited manuscript; Externally peer reviewed

**Peer-review model:** Single blind

**Reviewer's code:** 05746825

**Position:** Peer Reviewer

**Academic degree:** MD

**Professional title:** Associate Chief Physician, Associate Professor, Doctor

**Reviewer's Country/Territory:** China

**Author's Country/Territory:** United States

**Manuscript submission date:** 2022-09-23

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2022-10-26 00:18

**Reviewer performed review:** 2022-10-26 01:22

**Review time:** 1 Hour

<b>Scientific quality</b>	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input checked="" type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
<b>Language quality</b>	<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
<b>Conclusion</b>	<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
<b>Re-review</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No



<b>Peer-reviewer statements</b>	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous
	Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

### **SPECIFIC COMMENTS TO AUTHORS**

The authors aimed to elaborate Endoscopic Advances in the Management of Gastric Cancer and Premalignant Gastric Conditions. It presents some interesting results. However, the manuscript suffers from many caveats. The study has an overall reasonable logic, and the storyline is clear. However, the manuscript suffers from several caveats. I have a minor comment which is described below and overall, I recommend this article for accept after minor revised.

1. Some statistics should be update. Such as “In 2018, it was the third most common cause of cancer-related deaths worldwide.”. According to the Global Cancer Statistics 2020 (PMID: 33538338 DOI: 10.3322/caac.21660) stomach cancer was the fourth most common cause of cancer-related deaths worldwide.
2. “Prior studies have shown that patients diagnosed with early gastric cancer ...had a greater 5-year risk for progression to the advanced stage”. Except LECS , surgical resection should not be the category discussed in this article. Are there detailed data comparisons, endoscopic resection VS non-endoscopic resection? Is there any detailed data on the progression to advanced stage within 5 years for patients without endoscopic?
3. literature review is weak, need to add more information. 43 references are too few for a review, other classic and up-to-date research in this field should be included.