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7901 Stoneridge Drive, Suite 501, Pleasanton, CA 94588, USA
Telephone: +1-925-223-8242 Fax: +1-925-223-8243
E-mail: bpgoffice@wjgnet.com http://www.wjgnet.com

PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology
Manuscript NO: 32886
Title: Characterizing gastrointestinal stromal tumors and evaluating neoadjuvant imatinib by sequencing of EUS-biopsies
Reviewer's code: 02941552
Reviewer's country: South Korea
Science editor: Ze-Mao Gong
Date sent for review: 2017-03-03
Date reviewed: 2017-03-23

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
[ ] Grade A: Excellent	[Y] Grade A: Priority publishing	Google Search:	[ ] Accept
[Y] Grade B: Very good	[ ] Grade B: Minor language polishing	[ ] The same title	[Y] High priority for publication
[ ] Grade C: Good	[ ] Grade C: A great deal of language polishing	[ ] Duplicate publication	[ ] Rejection
[ ] Grade D: Fair	[ ] Grade D: Rejected	[ ] Plagiarism	[ ] Minor revision
[ ] Grade E: Poor		[Y] No	[ ] Major revision
		BPG Search:	
		[ ] The same title	
		[ ] Duplicate publication	
		[ ] Plagiarism	
		[Y] No	

COMMENTS TO AUTHORS

This is a manuscript about sequencing of EUS biopsy of gastrointestinal stromal tumor Comments 1. Imatinib therapy is usually needed in high risk GIST. Is it needed neoadjuvant therapy by imatinib in all cases? The size of your cases in table 1 shows minimum size of only 12 or 13 mm. 2. Why did you divide the period 1 and 2. I think that it might be more clear to design this study like period 2 from the beginning. 3. In table 3, What sort of arrangement did you use for the case numbers of Table 3. I think it is better to arrange the patients by similar group. 4. Supplementary data is only table 3. where is the supplementary methods and supplementary table 1 ?

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PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology
Manuscript NO: 32886
Title: Characterizing gastrointestinal stromal tumors and evaluating neoadjuvant imatinib by sequencing of EUS-biopsies
Reviewer's code: 03666824
Reviewer's country: China
Science editor: Ze-Mao Gong
Date sent for review: 2017-03-16
Date reviewed: 2017-03-31

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
[ ] Grade A: Excellent	[Y] Grade A: Priority publishing	Google Search:	[Y] Accept
[Y] Grade B: Very good	[ ] Grade B: Minor language polishing	[ ] The same title	[ ] High priority for publication
[ ] Grade C: Good	[ ] Grade C: A great deal of language polishing	[ ] Duplicate publication	[ ] Rejection
[ ] Grade D: Fair	[ ] Grade D: Rejected	[ ] Plagiarism	[ ] Minor revision
[ ] Grade E: Poor		[Y] No	[ ] Major revision
		BPG Search:	
		[ ] The same title	
		[ ] Duplicate publication	
		[ ] Plagiarism	
		[Y] No	

COMMENTS TO AUTHORS

This manuscript is about endoscopic ultrasound-guided biopsy in the diagnosis of gastrointestinal stromal tumors and evaluating neoadjuvant imatinib by sequencing of EUS-biopsies. What are the inclusion criteria for suspicious patients? I think it is better to set the standard. Why are there two stages to experiment? Why use EUS-FNA only in the first stage? I think it is better to design the first stage like the second stage. Imatinib is expensive and has a lot of side effects, and is there still a need for neoadjuvant therapy when the lesion is completely removed? I think it is better to classify the risk grade of stromal tumors, and the tumor with low or lower recurrence risk may not be treated with neoadjuvant therapy.