



**Baishideng  
Publishing  
Group**

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

## PEER-REVIEW REPORT

**Name of journal:** World Journal of Gastroenterology

**Manuscript NO:** 35107

**Title:** Safe and large bloc biopsy for submucosal tumor with reversible mucosa opened by hinged double doors method

**Reviewer's code:** 00035938

**Reviewer's country:** United Kingdom

**Science editor:** Ya-Juan Ma

**Date sent for review:** 2017-06-28

**Date reviewed:** 2017-07-08

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

### COMMENTS TO AUTHORS

General comments: Mori et colleagues present a case report to introduce a novel technique to obtain tissue for further characterization of submucosal tumours. The method is based on an incisional cut which is then widened to an oval opening by fixing both margins from the middle of the cut to the adjacent gastric wall using threads, clips and insufflation. The method appears quite complicated but has been performed in this case in 10 minutes. Naming the procedure "reversible hinged double doors opening biopsy (R-HDD)" is confusing; "biopsy after incision and widening" might be an exacter description. Compared to de-roofing by EMR, the advantages of the introduced method is that the defect is easier closed again after taking the biopsy which likely will reduce the bleeding risk. A cartoon illustrating the technique step by step would be helpful for the reader. Regarding the conclusion, I would consider it misleading to report on "no false negative results" in only one single case. You cannot conclude on any



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**https://**[www.wjgnet.com](http://www.wjgnet.com)

diagnostic yield after only one case. Specific comments: -TBB -please explain the abbreviation where it appears first. - What is the size of the thread loops? How do you advance them into the stomach? Are they already loaded onto a clip? - Please describe in more detail how the threads are fixed to the gastric wall and how they are solved again later.



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## PEER-REVIEW REPORT

**Name of journal:** World Journal of Gastroenterology

**Manuscript NO:** 35107

**Title:** Safe and large bloc biopsy for submucosal tumor with reversible mucosa opened by hinged double doors method

**Reviewer's code:** 02531403

**Reviewer's country:** Italy

**Science editor:** Ya-Juan Ma

**Date sent for review:** 2017-07-13

**Date reviewed:** 2017-07-13

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input checked="" type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input 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 checked="" 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

Dear authors, I read with interest manuscript n. 35107 about "hinged double doors method" to sample submucosal tumour. I have some remarks: - It should be better to define the method in a less confusing way: "sampling after incision and direct visualization", for example - The manuscript is well written and illustrated, however it should be useful to make a scheme together with the images - It should be useful to insert the image of the recovered mucosa 3 weeks after the procedure - In the discussion, the authors should be draw their conclusion more cautiously, since: 1. It is impossible to adfirm that the technique does not show false negative since it is reported only one case 2. It is impossible to adfirm "without cell dissemination" since the neoplasm that was analyzed did not presented a malignant potential! Sincerely



**PEER-REVIEW REPORT**

**Name of journal:** World Journal of Gastroenterology

**Manuscript NO:** 35107

**Title:** Safe and large bloc biopsy for submucosal tumor with reversible mucosa opened by hinged double doors method

**Reviewer's code:** 00069066

**Reviewer's country:** Indonesia

**Science editor:** Ya-Juan Ma

**Date sent for review:** 2017-07-13

**Date reviewed:** 2017-07-14

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 checked="" 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 type="checkbox"/> Grade C: Good	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Duplicate publication	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		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**

Dear author, I agree with the authors that we often have difficulty obtaining sufficient samples in submucosal tumor cases. So the sampling technique offered can be an alternative. But I see in the manuscript the explanation of the technique presented is less clear. So the author needs to make a more detailed explanation about this method.



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## PEER-REVIEW REPORT

**Name of journal:** World Journal of Gastroenterology

**Manuscript NO:** 35107

**Title:** Safe and large bloc biopsy for submucosal tumor with reversible mucosa opened by hinged double doors method

**Reviewer's code:** 00074961

**Reviewer's country:** Spain

**Science editor:** Ya-Juan Ma

**Date sent for review:** 2017-07-13

**Date reviewed:** 2017-07-17

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 type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C: Good	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Duplicate publication	<input type="checkbox"/> Rejection
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<input type="checkbox"/> Grade E: Poor		<input type="checkbox"/> No	<input type="checkbox"/> Major revision
		BPG Search:	
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		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input type="checkbox"/> No	

### COMMENTS TO AUTHORS

The text is too simplified and it is difficult to understand all the steps of the technique. Could you describe how you made the incision, how you got the 5-mm ring-shaped threads, how you clipped them, how you hooked them, how you detached them...? It would be interesting if you include a drawing.



**PEER-REVIEW REPORT**

**Name of journal:** World Journal of Gastroenterology

**Manuscript NO:** 35107

**Title:** Safe and large bloc biopsy for submucosal tumor with reversible mucosa opened by hinged double doors method

**Reviewer's code:** 01441415

**Reviewer's country:** Japan

**Science editor:** Ya-Juan Ma

**Date sent for review:** 2017-07-13

**Date reviewed:** 2017-07-23

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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		BPG Search:	
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

**COMMENTS TO AUTHORS**

General comments This case report by Mori H et al. presented a new biopsy method for GIST of the stomach. The authors demonstrate clearly that 'reversible hinged double doors method' is useful to obtain large tissue sample. This method may certainly be of use for tough case even if we use EUS-FNA. This manuscript is well-written in terms of language and seems to be informative to the readers. My evaluation is that the paper is publishable with minor scientific revisions Specific comments 1. I fail to understand why authors judged '1-cm' linera incision is appropriate. Is it possible to cut shorter incision if operators add counter traction by clip or ring-shaped thread? This interpretation is not supported by any demonstration. Please comment this fact. 2. This 'reversible hinged double doors method' may be hard for general endoscopist. Authors mentioned that 'it is difficult for ordinary endoscopist to perform STB' and 'only ESD experts could perform STB'. The technical criteria of endoscopist to perform this method



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needs to be addressed in detail (ex. the number of ESD operation, et al.). 3. I'm not at all familiar with the term 'TBB' (p.6, 2nd paragraph, 2nd line). Is it STB? Please explain and cite or remove.