



**PEER-REVIEW REPORT**

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

**Manuscript NO:** 35182

**Title:** In vivo real-time histological diagnosis for gastric cancer using endocytoscopy

**Reviewer’s code:** 02954023

**Reviewer’s country:** Japan

**Science editor:** Ya-Juan Ma

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

**Date reviewed:** 2017-07-16

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 checked="" 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**

This manuscript addresses the usefulness of endocytoscopy for distinguishing gastric cancer. Although this pilot study involved a small number of patients, the content of this manuscript is interesting. Please clarify the points listed below. 1. Even though it is a normal gastric mucosa, it is different in the antrum and the body part (Page 8). Please clarify. In addition, gastric inflamed mucosa with H.pylori infection is not “normal”. The status of H.pylori infection should be written. 2. The authors present estimates of sensitivity and specificity – they should be presented with 95%CI – especially given the limited sample size. Further, the calculations should be specified and described in the Statistical analysis section. 3. This study did not include patients with adenoma. This is also a limitation. 4. The usefulness of endocytoscopy in the diagnosis of ulcerative colitis (e.g., Nakazato et al. 2017 Endoscopy) and lung cancer (e.g., Shah et al. 2017 Respiration) has been reported as well as that of esophageal, gastric and colorectal cancers. To strengthen your claim of usefulness of endocytoscopy, how about describing



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these information (Page 6)? 5. Please indicate the Ethics Committee approval number (Page 6). 6. In addition to references 8-9, other literature (Kumagai et al. 2017 Endoscopy) also assessed 11 cases of gastric cancer (Page 6 and 10). 7. The experience of a single expert endoscopist (I.T.) should be written (Page 7).



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## PEER-REVIEW REPORT

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

**Manuscript NO:** 35182

**Title:** In vivo real-time histological diagnosis for gastric cancer using endocytoscopy

**Reviewer's code:** 02445538

**Reviewer's country:** Japan

**Science editor:** Ya-Juan Ma

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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	
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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

Tsurudome, et al. retrospectively evaluate the usefulness of virtual biopsy using endocytoscopy by comparing the endocytoscopic and histopathological images of gastric cancers and non-cancerous areas. As a result, endocytoscopy is a useful modality for the differentiation of cancerous from non-cancerous gastric mucosa. The results of this study are evident and the findings appear of interest. The objective evaluation of the results is discussed in the Discussion section, and the statements are well substantiated by the results presented. However, the study design may be somewhat of immature. Also, as some similar articles have been already published, this study may not have the novelty. There are several queries as indicated below to which the author should address to improve this paper. Major comments: 1. What is the primary endpoint of this study? Diagnostic accuracy of histology by endocytoscopy? Diagnostic concordance rate between endoscopist and pathologist? 2. In the results section, the authors showed some demonstrable, endocytoscopic and histologic images of the background mucosa with



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and without intestinal metaplasia and gastric cancer area. I don't think these are "results". If the authors want to emphasize these as results, they should define the grade of atypia by endocytoscopy prior to this study (in the methods section), and subsequently the comparison between histology and endocytoscopic atypia should be evaluated in the results section. Sample numbers of normal mucosa and intestinal metaplastic mucosa should be also shown in Table 1. I think that the "results" which the authors described in the result section should be moved to the "methods" section as definitions of endocytoscopic findings... 3. Since this is a retrospective study, the title "In vivo real-time histological diagnosis..." seems to be strange as the authors mentioned in the limitations. The title should be changed.