



PEER-REVIEW REPORT

Name of journal: World Journal of Gastrointestinal Endoscopy

Manuscript NO: 36162

Title: Gastric endoscopic submucosal dissection as a treatment for early neoplasia and for accurate staging of early cancers in a UK Caucasian population

Reviewer’s code: 00503773

Reviewer’s country: Turkey

Science editor: Ke Chen

Date sent for review: 2017-09-17

Date reviewed: 2017-09-20

Review time: 2 Days

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> [Y] Accept
<input type="checkbox"/> Grade B: Very good	<input type="checkbox"/> [Y] Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input type="checkbox"/> [] High priority for publication
<input type="checkbox"/> [Y] 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 type="checkbox"/> Plagiarism	<input type="checkbox"/> [] Minor revision
<input type="checkbox"/> Grade E: Poor		<input type="checkbox"/> [Y] No	<input type="checkbox"/> [] Major revision
		BPG Search:	
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input type="checkbox"/> [Y] No	

COMMENTS TO AUTHORS

I read the manuscript named “Gastric endoscopic submucosal dissection as a treatment for early neoplasia and for accurate staging of early cancers in a UK Caucasian population” (Manuscript NO: 36162). and my recommendations are as follows. Title: It is accurately reflects the major topic and contents of the study. Abstract: Adequate, summarizing the topic. Discussion: Topics has been discussed with all aspects. References are appropriate, relevant, and updated. Figures and tables are reflects the major findings of the study, and they are appropriately presented. Recently, endoscopic techniques have been used increasingly in the treatment of early gastric cancer. Generally speaking, it is a good study and has significant clinical value. This manuscript is well written and documented. Also, this manuscript gives additional new knowledge to the literature. I think that this manuscript is suitable and



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worth to be published in World Journal of Gastroenterology.



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Name of journal: World Journal of Gastrointestinal Endoscopy

Manuscript NO: 36162

Title: Gastric endoscopic submucosal dissection as a treatment for early neoplasia and for accurate staging of early cancers in a UK Caucasian population

Reviewer's code: 00159305

Reviewer's country: Romania

Science editor: Ke Chen

Date sent for review: 2017-09-17

Date reviewed: 2017-09-22

Review time: 5 Days

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input checked="" type="checkbox"/> Grade A: Priority publishing	Google Search:	<input checked="" 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"/> No	<input 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

To the Authors, Congratulations for your interesting work. I hope that ESD will gain popularity in European countries. Please, pay attention that all abbreviation in the text should be explained. Also, may corrections to some spelling (oesophageal, esophageal?, OGD or EGD).



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Name of journal: World Journal of Gastrointestinal Endoscopy

Manuscript NO: 36162

Title: Gastric endoscopic submucosal dissection as a treatment for early neoplasia and for accurate staging of early cancers in a UK Caucasian population

Reviewer's code: 00035938

Reviewer's country: United Kingdom

Science editor: Ke Chen

Date sent for review: 2017-09-17

Date reviewed: 2017-09-23

Review time: 5 Days

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
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input type="checkbox"/> Plagiarism	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input type="checkbox"/> No	<input type="checkbox"/> Major revision
		BPG Search:	
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input type="checkbox"/> No	

COMMENTS TO AUTHORS

General comments Sooltangos et coworkers present a retrospective study derived from their clinical audit data on the technical and clinical outcome of endoscopic submucosal dissection of early gastric neoplasia in a Caucasian population. There are already several publications of ESD in the caucasian population although the uptake in the UK is still slow -whether this justifies a publication is disputable (Endoscopy. 2017 Sep;49(9):855-865, Endoscopy. 2010 Dec;42(12):1037-4, Gastrointest Endosc. 2015 Nov;82(5):804-11, Endoscopy. 2014 Nov;46(11):933-40, Gastric Cancer. 2010 Nov;13(4):258-63, Gastrointest Endosc. 2012 Jun;75(6):1166-74, GE Port J Gastroenterol. 2015 Mar 20;22(2):52-60). The numbers included is small, only 19 patients underwent ESD in this study. 4 ESD attempts were aborted. En bloc resection was achieved only in 71%, histological complete resection only in 38%. Where did the endoscopist train and



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learn the techniques of ESD? In the West or in the East? This would be important to state for the message of this study. Poor tissue handling, the event that ESD specimen reached the laboratory without formalin, inconsistencies in pathology reporting indicate that the infrastructure has to be improved and team education is required. Specific comments Please explain the KATO classification and give a reference.



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Name of journal: World Journal of Gastrointestinal Endoscopy

Manuscript NO: 36162

Title: Gastric endoscopic submucosal dissection as a treatment for early neoplasia and for accurate staging of early cancers in a UK Caucasian population

Reviewer's code: 00504581

Reviewer's country: Spain

Science editor: Ke Chen

Date sent for review: 2017-09-17

Date reviewed: 2017-09-24

Review time: 7 Days

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"/> 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		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 is a descriptive retrospective study about the value of ESD on neoplastic gastric lesion, performed on a western tertiary hospital. It is very interesting because it shows the results of this procedure in real clinical practice, but unfortunately the follow up is very short in order to compare with other surgical approaches. But there are some question the author should answer. There are some acronyms that should be explained at the material and methods or at the introduction for all the best understanding of all kind of readers: mapping OGD?, KATO?, MDT? Material and methods it should be clearly specified THE inclusion and exclusion criteria there should be explained where the ESD procedure was made; at the operating room?, with the patient intubated?, with Co2??, there should be explained the treatment after the procedure PPI?, and for how long, and the schedule for the endoscopic



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surveillance, the time interval and for how long ? “ 10 were indefinite group, only 2 patients were considered potential candidates for surgery. The rest were only offered endoscopic follow-up as complete resection had been achieved ... ” Could you comment why not Chemo/radiotherapy as an adjuvant therapy , please add some comments based on the literature knowledge Could you point out and explain all the ESD complications (early and late) of the procedure appeared during AND after the procedure(early and late) such as perforation, fever pain, delay bleeding Results It should be notified the duration of the ESD procedure in minutes Endoscopic follow up “....A positive secondary outcome was observed in 40% and 80% at 12-month and at the latest follow-up respectively. ” What does it mean ? could you give us a better explanation “Survival Rate ..Survival rate in ESD patients was 94.7% (18 out of 19 patients)”. You should add : at what time of follow up , 1year?