

PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

Manuscript NO: 38987

Title: Current clinical management of gastrointestinal stromal tumor

Reviewer's code: 00071178

Reviewer's country: Turkey

Science editor: Ze-Mao Gong

Date sent for review: 2018-04-19

Date reviewed: 2018-04-22

Review time: 2 Days

SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION	PEER-REVIEWER STATEMENTS
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	<input type="checkbox"/> Accept	Peer-Review:
<input type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language	(High priority)	<input checked="" type="checkbox"/> Anonymous
<input checked="" type="checkbox"/> Grade C: Good	polishing	<input type="checkbox"/> Accept	<input type="checkbox"/> Onymous
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of	(General priority)	Peer-reviewer's expertise on the
<input type="checkbox"/> Grade E: Do not	language polishing	<input checked="" type="checkbox"/> Minor revision	topic of the manuscript:
publish	<input type="checkbox"/> Grade D: Rejection	<input type="checkbox"/> Major revision	<input checked="" type="checkbox"/> Advanced
		<input type="checkbox"/> Rejection	<input type="checkbox"/> General
			<input type="checkbox"/> No expertise
			Conflicts-of-Interest:
			<input type="checkbox"/> Yes
			<input checked="" type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS

Dear Author Thank you for the nice manuscript As is known, thyroinine kinase inhibitors are indicated in patients with unresectable, distant organ metastases, or recurrence after surgery. So, what do the authors want to say about the use of tyrosine kinase inhibitors in cases of R0 resection? For me, adjuvant treatment with tyrosine



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kinase inhibitors in intermediate and high risk groups patients should be discussed again. Finally, a recommendation: for the "Clinical Presentation Section", I suggest that you use the following three articles. Because clinical presentation is very interesting in all three. World J Gastrointest Surg. 2014 Sep 27; 6 (9): 175-82. doi: 10.4240 / wjgs.v6.i9.175 Arch Gynecol Obstet. 2010 Jan; 281 (1): 153-5. doi: 10.1007 / s00404-009-1102-4. Turk J Gastroenterol. 2012 Feb; 23 (1): 87-8.

INITIAL REVIEW OF THE MANUSCRIPT

Google Search:

- ☐ The same title
- ☐ Duplicate publication
- ☐ Plagiarism
- ☐ No

BPG Search:

- ☐ The same title
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- ☐ Plagiarism
- ☐ No

PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

Manuscript NO: 38987

Title: Current clinical management of gastrointestinal stromal tumor

Reviewer's code: 00504187

Reviewer's country: Italy

Science editor: Ze-Mao Gong

Date sent for review: 2018-04-19

Date reviewed: 2018-04-23

Review time: 4 Days

SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION	PEER-REVIEWER STATEMENTS
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	<input type="checkbox"/> Accept	Peer-Review:
<input type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language	(High priority)	<input type="checkbox"/> Anonymous
<input type="checkbox"/> Grade C: Good	polishing	<input type="checkbox"/> Accept	<input type="checkbox"/> Onymous
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of	(General priority)	Peer-reviewer's expertise on the
<input type="checkbox"/> Grade E: Do not	language polishing	<input type="checkbox"/> Minor revision	topic of the manuscript:
publish	<input type="checkbox"/> Grade D: Rejection	<input type="checkbox"/> Major revision	<input type="checkbox"/> Advanced
		<input type="checkbox"/> Rejection	<input type="checkbox"/> General
			<input type="checkbox"/> No expertise
			Conflicts-of-Interest:
			<input type="checkbox"/> Yes
			<input type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS

This paper is a very updated and detailed description of the state of the art about GISTs. All the related issues are well considered, there is a high number of appropriate References and Figures and Tables are well explicative and good-looking. There are some minor isolated English style imperfections. This manuscript is worth of publication



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in my opinion.

INITIAL REVIEW OF THE MANUSCRIPT

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PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

Manuscript NO: 38987

Title: Current clinical management of gastrointestinal stromal tumor

Reviewer's code: 00058401

Reviewer's country: Brazil

Science editor: Ze-Mao Gong

Date sent for review: 2018-04-19

Date reviewed: 2018-04-26

Review time: 7 Days

SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION	PEER-REVIEWER STATEMENTS
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	<input type="checkbox"/> Accept	Peer-Review:
<input type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language	(High priority)	<input type="checkbox"/> Anonymous
<input type="checkbox"/> Grade C: Good	polishing	<input type="checkbox"/> Accept	<input type="checkbox"/> Onymous
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of	(General priority)	Peer-reviewer's expertise on the
<input type="checkbox"/> Grade E: Do not	language polishing	<input type="checkbox"/> Minor revision	topic of the manuscript:
publish	<input type="checkbox"/> Grade D: Rejection	<input type="checkbox"/> Major revision	<input type="checkbox"/> Advanced
		<input type="checkbox"/> Rejection	<input type="checkbox"/> General
			<input type="checkbox"/> No expertise
			Conflicts-of-Interest:
			<input type="checkbox"/> Yes
			<input type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS

The work is of high quqlity.The unly observation is in relatiom to Ro ressection.Besides be a new designation.the surgeon us rareli sure that he practised a complete ressection of the tumor.It is an exaostive and carehul work.We read many times and w did not find a sigle period that deserves correction;,Congratulations for the authors



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PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

Manuscript NO: 38987

Title: Current clinical management of gastrointestinal stromal tumor

Reviewer's code: 00504581

Reviewer's country: Spain

Science editor: Ze-Mao Gong

Date sent for review: 2018-04-19

Date reviewed: 2018-04-29

Review time: 10 Days

SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION	PEER-REVIEWER STATEMENTS
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	<input type="checkbox"/> Accept	Peer-Review:
<input type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language	(High priority)	<input type="checkbox"/> Anonymous
<input type="checkbox"/> Grade C: Good	polishing	<input type="checkbox"/> Accept	<input type="checkbox"/> Onymous
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of	(General priority)	Peer-reviewer's expertise on the
<input type="checkbox"/> Grade E: Do not	language polishing	<input type="checkbox"/> Minor revision	topic of the manuscript:
publish	<input type="checkbox"/> Grade D: Rejection	<input type="checkbox"/> Major revision	<input type="checkbox"/> Advanced
		<input type="checkbox"/> Rejection	<input type="checkbox"/> General
			<input type="checkbox"/> No expertise
			Conflicts-of-Interest:
			<input type="checkbox"/> Yes
			<input type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS

This is a good short review of GIST tumours, easy to read, with the most relevant information about it, but there are some points the authors should be aware of it Firstly, histologic findings should be placed after tumour tissues sampling methods and before diagnostic process 2° acronyms should always be explained: DOG1, is a new

immunohistochemical marker (discovered on GIST 1) 3° For a gastroenterologist the endoscopy description is very poor, there is a lack of important references ashley 1 , Volume 85, No. 6 : 2017 GASTROINTESTINAL ENDOSCOPY 1119. It is not said anything about malignant features on endoscopic examination. References are not complete The authors use two kinds of acronyms for this type of tumours “SMT and SEL” and there should be commented the differences and why it is better to use SEL 4° EUS it is not said nothing about malignant features on USE , that are slightly commented on page 15 5° tumour tissue sampling methods EUS- FNA is the current way of obtaining tissue sampling in order to do the diagnosis of these lesions, but it should be expressly comment it does not allow to establish the risk for malignant outcomes because does not assess the mitotic rate accurately It is needed some critical comments about some endoscopic tissue obtaining methods such as snare resection. It is not enough to describe it but it should be related with factors described as a high risk for bad prognosis, specifically for the risk of the procedure which involves rupture of the capsule or the tumour and their implication in high risk outcomes 6° Treatment There is a lack of information about other oncologic treatment different from the imatinib in metastatic or unresectable cases. This chapter should be improved

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[Y] No

PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

Manuscript NO: 38987

Title: Current clinical management of gastrointestinal stromal tumor

Reviewer's code: 01047625

Reviewer's country: Taiwan

Science editor: Ze-Mao Gong

Date sent for review: 2018-04-19

Date reviewed: 2018-05-06

Review time: 16 Days

SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION	PEER-REVIEWER STATEMENTS
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	<input type="checkbox"/> Accept	Peer-Review:
<input checked="" type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language	(High priority)	<input checked="" type="checkbox"/> Anonymous
<input type="checkbox"/> Grade C: Good	polishing	<input type="checkbox"/> Accept	<input type="checkbox"/> Onymous
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of	(General priority)	Peer-reviewer's expertise on the
<input type="checkbox"/> Grade E: Do not	language polishing	<input checked="" type="checkbox"/> Minor revision	topic of the manuscript:
publish	<input type="checkbox"/> Grade D: Rejection	<input type="checkbox"/> Major revision	<input type="checkbox"/> Advanced
		<input type="checkbox"/> Rejection	<input checked="" type="checkbox"/> General
			<input type="checkbox"/> No expertise
			Conflicts-of-Interest:
			<input type="checkbox"/> Yes
			<input checked="" type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS

In this review article, the authors discuss the current evidence of clinical diagnosis and management of GISTs. This manuscript is nicely written. However, I have a minor suggestion to this article. 1. In page 13, the authors describe the usefulness of contour maps in predicting the probability of recurrence in the 10th postoperative year. I would



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suggest the authors describe more clearly how these contour maps are constructed (using tumour size, site, mitosis count, and rupture). Please also describe what different areas of colors mean in Figure legends.

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PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

Manuscript NO: 38987

Title: Current clinical management of gastrointestinal stromal tumor

Reviewer's code: 00008633

Reviewer's country: Japan

Science editor: Ze-Mao Gong

Date sent for review: 2018-04-19

Date reviewed: 2018-05-06

Review time: 17 Days

SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION	PEER-REVIEWER STATEMENTS
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	<input type="checkbox"/> Accept	Peer-Review:
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<input type="checkbox"/> Grade C: Good	polishing	<input type="checkbox"/> Accept	<input type="checkbox"/> Onymous
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		<input type="checkbox"/> Rejection	<input type="checkbox"/> General
			<input type="checkbox"/> No expertise
			Conflicts-of-Interest:
			<input type="checkbox"/> Yes
			<input type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS

Manuscript NO: 38987 Title: Current clinical management of gastrointestinal stromal tumor The authors reviewed both diagnosis and treatment for GIST and they emphasized importance of EUS-FNA in early diagnosis and management for GIST. It is a good review, however the authors must rewrite for acceptance. Major comments 1.

The text is too long and there are many repetition, so the authors should shorten the text. e.g. The following two sentences in the “DIAGNOSTIC PROCESS” should be deleted. “However, because not all SELs are GISTs, it is necessary to identify those SELs that are suspicious for GISTs and perform immunohistochemical analysis of these SELs in clinical practice. For some SELs, such as a lipoma, cyst, or lymphangioma, and for extraluminal compression by surrounding normal organs or lesions, the endoscopic and EUS appearances are considered diagnostic and tissue sampling is not required.” and “However, because SELs also include vascular diseases for which biopsy is contraindicated, such as varices (Figure 2G, H), it is desirable to perform EUS before biopsy.” e.g. Although the authors wrote many times “SELs, including GISTs,”, they should write only SELs without “including GISTs”. 2. Figure 3 and Figure 5 C-H are unnecessary for review of GIST, so they should delete those pictures. Or they should combine Figure 4, 5A, 5B, 3B, 3D, 3F, and 3H. 3. They wrote importance of CT in “POSTOPERATIVE FOLLOW-UP”, so they should wrote a section about CT of GIST. 4. The authors wrote imatinib only, however they should wrote about tyrosine kinase inhibitors more and more. 5. The following informations in “Management of small SELs suspected to be GISTs” should be combined to others. “The typical EUS imaging feature of a malignant SEL, including a GIST, is a hypoechoic solid mass. EUS can accurately discriminate a SEL suspected to be a GIST (hypoechoic solid mass) from other SELs, including lipomas, cysts, varices, and extra-gastrointestinal compression. Therefore, it is important to actively perform EUS even for small SELs of ≤ 2 cm to ensure early detection of hypoechoic solid masses suspected to be GISTs.” should be in “EUS” section. “If EUS imaging of a SEL with endoscopic negative biopsy shows a hypoechoic solid mass, subsequent EUS-FNA is needed to obtain a conclusive tissue diagnosis of GIST[21,53]. However, EUS-FNA for a subepithelial hypoechoic solid mass of < 1 cm is technically difficult using a standard EUS-FNA scope; thus, EUS-FNA is recommended



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for masses of $>1\text{ cm}$ [53,86].” should be in “EUS-FNA” section.

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Google Search:

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- ☐ Plagiarism
- ☐ No

BPG Search:

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