



PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

Manuscript NO: 39338

Title: Long-term outcomes of endoscopic resection for small (≤ 4.0 cm) gastric gastrointestinal stromal tumors originating from the muscularis propria layer

Reviewer's code: 03017850

Reviewer's country: Japan

Science editor: Xue-Jiao Wang

Date sent for review: 2018-04-16

Date reviewed: 2018-04-17

Review time: 1 Day

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 type="checkbox"/> Minor revision	topic of the manuscript:
publish	<input type="checkbox"/> Grade D: Rejection	<input checked="" 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

I read the original article entitled "Long-term outcomes of endoscopic resection for small (≤ 4.0 cm) gastric gastrointestinal stromal tumors originating from the muscularis propria layer". The article was well written and the authors are speculating the



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treatment for the patients with gastric GIST endoscopically alone. This treatment seems attractive and creative. However I need to point out some crucial problems of this article. Major points: (1) In patients and methods section, the authors mentioned that they have undergone 1,021 cases of endoscopic resection for MP-SETs from 2005 to 2017. However, they evaluated only 229 cases of gastric MP-GISTs. First, they need to demonstrate the period of the treatment for the patients of 229 MP-GISTs. Second, they also should state the number of patients with MP-GISTs in the 1,021 MP-SETs. Without these information, the article can't avoid the possibility of selection bias of this study. (2) In results section, the authors demonstrated 8 cases out of 229 tumors were removed without complete resection. In particular, 5 GIST tumors were resected piecemeal. In general, this is not acceptable procedure as treatment for malignant tumors. If these procedures were performed during EFTR, the risk of peritoneal dissemination will be increased. The authors should clearly state the places and the sizes of tumors regarding as the 5 tumors and if the procedures were ESD or EFTR or the others. (3) In order to avoid peritoneal dissemination after treatment in particular in the case of piecemeal resection for treatment of gastric GIST, there is safe and reasonable laparoscopic endoscopic collaborative method. It is known as non-exposed endoscopic wall-inversion surgery (NEWS): Non-exposed endoscopic wall-inversion surgery as a novel partial gastrectomy technique. *Gastric Cancer*. 2014;17(3):594-9. At least, for the GIST whose growth pattern is extraluminal, laparoscopic endoscopic collaborative method seems safer than EFTR which is conducted by endoscopically. Minor point: (1) In discussion section, the authors stated that all endoscopic operations were performed by an experienced endoscopist. I would like to confirm if only one endoscopist conducted all of 229 treatments.

INITIAL REVIEW OF THE MANUSCRIPT



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Name of journal: World Journal of Gastroenterology

Manuscript NO: 39338

Title: Long-term outcomes of endoscopic resection for small (≤ 4.0 cm) gastric gastrointestinal stromal tumors originating from the muscularis propria layer

Reviewer's code: 00504545

Reviewer's country: Spain

Science editor: Xue-Jiao Wang

Date sent for review: 2018-04-24

Date reviewed: 2018-04-26

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:
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<input type="checkbox"/> Grade C: Good	polishing	<input checked="" 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 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

The original findings are to have a longer series of ER for this kind of tumor known
The quality and the importance of the manuscript is great, because is a sure technique in
expert hands and prevents to do a surgery por this size of tumors < than 4 cm in



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diameter I don't find any limitations to the study

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PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

Manuscript NO: 39338

Title: Long-term outcomes of endoscopic resection for small (≤ 4.0 cm) gastric gastrointestinal stromal tumors originating from the muscularis propria layer

Reviewer's code: 00503563

Reviewer's country: Japan

Science editor: Xue-Jiao Wang

Date sent for review: 2018-04-24

Date reviewed: 2018-04-27

Review time: 3 Days

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

SPECIFIC COMMENTS TO AUTHORS

The authors demonstrated the clinical utility of endoscopic resection in patients with small (≤ 4.0 cm) gastric gastrointestinal stromal tumors (GIST) originating from the muscularis propria layer. Although informative findings are included in this article,



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there are some queries and comments. Comments 1. How about operative time? 2. How about the mean times from endoscopic treatments to a solid diet? 3. In Figure 1G/1H and 2G/2H, scale bars should be indicated. 4. In the present study, patients with small (≤ 4.0 cm) gastric GIST were enrolled. How do the authors discuss about the indication of endoscopic resection in patients with gastric GIST measuring >4.0 cm?

INITIAL REVIEW OF THE MANUSCRIPT

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Name of journal: World Journal of Gastroenterology

Manuscript NO: 39338

Title: Long-term outcomes of endoscopic resection for small (≤ 4.0 cm) gastric gastrointestinal stromal tumors originating from the muscularis propria layer

Reviewer's code: 00057983

Reviewer's country: Taiwan

Science editor: Xue-Jiao Wang

Date sent for review: 2018-04-24

Date reviewed: 2018-05-13

Review time: 19 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 type="checkbox"/> Grade C: Good	polishing	<input type="checkbox"/> Accept	<input type="checkbox"/> Onymous
<input checked="" 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

The authors described a good summary of their experience in treatment of GISTs with endoscopic resection. I have the following comments: (1) Originality of this manuscript is good. However, please make some emphasis on the difference your study with other



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published ones. (2) Please describe the contraindication of endoscopic resection in your study. (3) Did some patients receive adjuvant therapy (Imatinib) after endoscopic resection?

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