



## PEER-REVIEW REPORT

**Name of journal:** World Journal of Gastrointestinal Endoscopy

**Manuscript NO:** 39566

**Title:** Introduction of endoscopic submucosal dissection in the West

**Reviewer's code:** 02440966

**Reviewer's country:** South Korea

**Science editor:** Fang-Fang Ji

**Date sent for review:** 2018-04-27

**Date reviewed:** 2018-04-28

**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 checked="" type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language	(High priority)	<input type="checkbox"/> Anonymous
<input type="checkbox"/> Grade C: Good	polishing	<input checked="" type="checkbox"/> Accept	<input checked="" 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 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

This is a good review article about the current status of ESD in Western countries. The authors summarized the previous data of ESD reported in western region well and stated the direction of ESD in western countries. These contents make readers to understand the difference of ESD performed in Eastern and Western countries. However, there are



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several issues in this manuscript. (1) The flow of content is somewhat complex. It is recommended to re-arrange the content as the order of the organs (from stomach - esophagus - colon ). (2) The figures and tables does not follow the Journal style. (3) If possible, a real ESD figures can enrich this manuscript.

#### **INITIAL REVIEW OF THE MANUSCRIPT**

##### ***Google Search:***

- The same title
- Duplicate publication
- Plagiarism
- [Y] No

##### ***BPG Search:***

- The same title
- Duplicate publication
- Plagiarism
- [Y] No



**PEER-REVIEW REPORT**

**Name of journal:** World Journal of Gastrointestinal Endoscopy

**Manuscript NO:** 39566

**Title:** Introduction of endoscopic submucosal dissection in the West

**Reviewer's code:** 02549032

**Reviewer's country:** Greece

**Science editor:** Fang-Fang Ji

**Date sent for review:** 2018-04-27

**Date reviewed:** 2018-05-02

**Review time:** 5 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 detailed and interesting review article considering ESD experience in the West and discussing the potential reasons of the low incidence of implementation of ESD in the west. The article is interesting but main issues are lacking: 1. The authors did not made clear the real nature of ESD, which is a minimal invasive endoscopic surgical



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technique for curative resection of early GI cancer, performed by endoscopists. The surgical equivalent is laparoscopic or open surgical procedure. So for ESD specialists it is unethical to compare ESD to EMR. EMR is a traditional endoscopic procedure for endoscopic removal of benign lesions and not cancer. ESD is procedure for cancer. This is more than truth by many studies from Japan. 2. Another main issue that lacking is the cause of low incidence of diagnosis of GI cancer in early and by ESD curative stage. That is lack of screening programs for Gastric and esophageal cancer and also the quality of basic endoscopic practice to identify and recognize endoscopically early GI lesions. 3. To my opinion the lack of chromoendoscopy or other virtual chromoendoscopic techniques such as NBI in combination with lack of magnification in routine endoscopic practice is the main reason of missing early lesions resulted in diagnosis of GI cancer mainly in advanced stage. Another reason is the standard western endoscopic practice that is white light endoscopy in combination with multiple biopsies for suspicious lesions and no acceptance of endoscopic evaluation or endoscopic tissue characterization of suspicious lesions popular in Japan. 4. No mention in the endoscopic evaluation of GI lesions (lack of report to studies on endoscopic tissue characterization of early GI cancer) and classifications very popular in Japan. So many early lesions are easily escaped to diagnosis. 5. The first and most important issue of ESD for GI cancer is to find the lesions, that are early gastric, esophageal and colorectal cancers and not the low incidence of GI cancer. 6. To find early GI cancer, both endoscopists and pathologists must be able, and adequate to identify endoscopically (endoscopists) and histologically (pathologist) the early GI lesions and of course to <<speaks>> the same language. So they have to be trained and to be familiar to advanced endoscopic practices of the East (chromoendoscopy, NBI magnification etc..) and of course to know how to use the Eastern Endoscopic classifications for identifying and classify lesions 7. Another important issues is the education of endoscopists to change their practice and to be



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familiar to endoscopic classifications of early lesions and at the same time the education of pathologists in the west to be familiar and to be able to identify and recognize the early GI lesions. Western pathologists have little experience of early GI lesions, and mislead the endoscopists, because they cannot face many such lesions. 8. The authors in introduction reported : << ESD for barrett has not been demonstrated to be superior to EMR...>>. To my opinion this is not true. The main reason for such conclusion is the lack of experience in ESD generally and particularly ESD in esophagogastric junction for Barrett, which is technically the most difficult. Unfortunately there are no studies of Barrett from Japan, where Barrett is less frequent. 9. The negative results of ESD in barrett esophagus is, a question of quality of endoscopic evaluation and collection of suitable early lesions as well as of the quality of ESD and not of weakness of the technique itself. ESD in EGJ is difficult and should be restricted only to very high-specialized centers.

#### **INITIAL REVIEW OF THE MANUSCRIPT**

##### ***Google Search:***

- The same title
- Duplicate publication
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- No

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- No



**PEER-REVIEW REPORT**

**Name of journal:** World Journal of Gastrointestinal Endoscopy

**Manuscript NO:** 39566

**Title:** Introduction of endoscopic submucosal dissection in the West

**Reviewer's code:** 00037816

**Reviewer's country:** Japan

**Science editor:** Fang-Fang Ji

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**Review time:** 10 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 checked="" type="checkbox"/> Grade B: Very good	<input 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**

This manuscript is well written, and I enjoyed reading it. I can understand the current position of ESD in the West. In addition, this review article is important to spread ESD in the future. I suggest you add these two points to your manuscript. 1. With regard to gastric ESD, long-term outcomes of patients with expanded criteria including larger



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lesions (> 3 cm), ulcerated lesions of smaller size (< 3cm) have been reported to be as excellent as those with absolute criteria according to a multi-center prospective study (Hasuike et al. Gastric Cancer 2017; 21: 114-123). 2. With regard to ESD Technology, electrosurgical knives have been developed. New type electrosurgical knives, scissors-type knives were invented to make ESD procedure easier (Akahoshi K, et al. World Gastrointest Endosc 2010; 2: 90-6), which enables trainee to achieve complete ESD (Yamashina T, et al; Dig Endosc 2017; 29: 322-329). Please mention about these new type knives.

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