

PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

Manuscript NO: 40217

Title: Secondary Endoscopic Submucosal Dissection for Locally Recurrent or Incompletely Resected Gastric Neoplasms

Reviewer's code: 00037816

Reviewer's country: Japan

Science editor: Xue-Jiao Wang

Date sent for review: 2018-06-12

Date reviewed: 2018-06-13

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 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

Minor comments #1 You should mention the kinds of electrosurgical unit and selected setting, which might affect the clinical outcome of ESD. If the setting of electrosurgical unit were changed during dissection due to fibrosis, you should mention the difference



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of the setting. #2 Traction method was reported to be useful for shortening the procedure time or prevention of adverse event including perforation. If possible, you should mention the usage rate of traction method. #3 Did longer procedure time affect the rate of aspiration pneumonia? Please discuss the association between the procedure time and aspiration pneumonia. #4 Were there any patients treated by except ESD? Please mention it. #5 You mentioned "secondary ESD should be performed by an experienced endoscopist..." Please mention the detail of endoscopists in this study. If possible, the technical outcomes should be compared between experts and trainees. #6 There might be an institutional learning curve during the study period. The difference of study period (initial phase vs late phase) might affect the outcomes. Please discuss this point. #7 Were there any cases of secondary ESD with no residual tumor was found? Even though horizontal margin is positive or unknown, there is a possibility of no residual tumor because of burning effect. Please mention this point.

INITIAL REVIEW OF THE MANUSCRIPT

Google Search:

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

BPG Search:

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

PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

Manuscript NO: 40217

Title: Secondary Endoscopic Submucosal Dissection for Locally Recurrent or Incompletely Resected Gastric Neoplasms

Reviewer's code: 00001114

Reviewer's country: Japan

Science editor: Xue-Jiao Wang

Date sent for review: 2018-06-11

Date reviewed: 2018-06-18

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 checked="" type="checkbox"/> Grade C: Good	polishing	<input type="checkbox"/> Accept	<input type="checkbox"/> Onymous
<input type="checkbox"/> Grade D: Fair	<input checked="" type="checkbox"/> Grade C: A great deal of	(General priority)	Peer-reviewer's expertise on the
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			<input type="checkbox"/> No expertise
			Conflicts-of-Interest:
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			<input checked="" type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS

This entitles "Secondary Endoscopic Submucosal Dissection for Locally Recurrent or Incompletely Resected Gastric Neoplasms " is well-written but there are some comments.

I have following comments – 1. The authors should replace "non-curative resection"



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with “positive lateral margins or local recurrence after curative primary ESD. Because no-curative section includes a lot of situations. 2. I was wondering what depended on the treatment strategy, early salvage ESD or late salvage ESD. I feel there was a selection bias. 3. The authors should the detail of initial lesion corresponding to secondary ESD. 4. I think it is difficult to conclude that this paper is the first study to report the feasibility and safety of secondary ESD according to the timing of ESD because of above selection bias or retrospective study.

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