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PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

Manuscript NO: 42990

Title: Treatment for gastric ‘indefinite for neoplasm/dysplasia’ lesions based on predictive factors

Reviewer’s code: 02537403

Reviewer’s country: Romania

Science editor: Xue-Jiao Wang

Date sent for review: 2018-10-29

Date reviewed: 2018-11-04

Review time: 6 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 polishing	(High priority)	<input checked="" type="checkbox"/> Anonymous
<input type="checkbox"/> Grade C: Good		<input checked="" 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 Grade E: Do not publish	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 type="checkbox"/> Minor revision	<input checked="" type="checkbox"/> Advanced
		<input type="checkbox"/> Major revision	<input 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

This is a high quality manuscript adding novel information regarding the challenging topic of IFND, a borderline lesion associated with difficult diagnosis, prognosis assessment and management. The paper defines the clinical and pathological risk factors



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for gastric cancer in patients having their first diagnosis of IFND on pathological report of the endoscopic biopsy specimen. Also, the paper identifies predictive factors for gastric carcinomas associated with poor prognosis (undifferentiated carcinomas, invasive neoplasia) in patients with a first pathological report of IFND and the outcome of lesions with a second diagnosis of IFND at follow-up biopsy. Moreover, the authors offer a guideline proposal for the management of patients with an IFND diagnosis on endoscopic specimen that should include endoscopic resection/ follow-up biopsy within 3-6 month depending on the associated risk factors. This algorithm is improved and more personalized compared to current management of this condition, and it may be implemented globally. The article is enriched with suggestive endoscopic and pathological illustrates that are useful for clinicians.

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: 42990

Title: Treatment for gastric ‘indefinite for neoplasm/dysplasia’ lesions based on predictive factors

Reviewer’s code: 03765064

Reviewer’s country: United States

Science editor: Xue-Jiao Wang

Date sent for review: 2018-10-29

Date reviewed: 2018-11-20

Review time: 22 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 type="checkbox"/> Minor revision	topic of the manuscript:
publish	<input type="checkbox"/> Grade D: Rejection	<input checked="" 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 is a well written manuscript on a difficult clinical / diagnostic problem. The cohort of patients studied is impressive in its size and follow up information. However, there are certain aspects that limit the broad applicability of the findings and at very



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least these should be addressed in the conclusions (high prevalence of malignancy the population studies). 1. the prevalence of carcinoma is extremely high in this cohort and the authors should address how similar histologic findings in a low prevalence population would need to be interpreted with great caution 2. what is the definition of atypia vs regenerative atypia and how good is the concordance between pathologists to identify these findings 3. would recd to use either the Paris classification or at least the variables considered in this to correlate clinical findings. 4. would separate out IMCA from invasive carcinoma 5. if there is no difference in survival of the early and late diagnosis groups why separate these out

INITIAL REVIEW OF THE MANUSCRIPT

Google Search:

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- No

BPG Search:

- The same title
- Duplicate publication
- Plagiarism
- No



PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

Manuscript NO: 42990

Title: Treatment for gastric ‘indefinite for neoplasm/dysplasia’ lesions based on predictive factors

Reviewer’s code: 00503175

Reviewer’s country: Croatia

Science editor: Xue-Jiao Wang

Date sent for review: 2018-11-20

Date reviewed: 2018-11-24

Review time: 4 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 polishing	(High priority)	<input checked="" type="checkbox"/> Anonymous
<input type="checkbox"/> Grade C: Good		<input checked="" 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 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

Article „Treatment for gastric ‘indefinite for neoplasm/dysplasia’ lesions based on predictive factors“ by Mi Jung Kwon et. al. according to my opinion, is acceptable for publication without additional revision. This article is very interesting for



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persons involved in the field of gastroenterology This retrospective clinical study study may improve management of patients with gastric indefinite lesions.

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- No