



PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

Manuscript NO: 45412

Title: Utility of linked color imaging for endoscopic diagnosis of early gastric cancer

Reviewer’s code: 03002038

Reviewer’s country: South Korea

Science editor: Ruo-Yu Ma

Date sent for review: 2019-01-02

Date reviewed: 2019-01-08

Review time: 5 Hours, 6 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 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

45412 manuscript review This article demonstrated the efficacies of linked color imaging (LCI) to differentiate neoplastic vs non neoplastic lesion among early gastric cancer patients. However, there are several concerns in this study. Major 1. The results of the current study are similar to the previously published study on this topic (BMC



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gastroenterology 2017; 17:150) and therefore I feel that the current study does not add anything significant to the current knowledge on this topic. 2. Main hypothesis of your article should be more carefully demonstrated with reliable references. You concluded that color differences may be diagnostic to differentiated neoplastic lesion from non-neoplastic lesion. To support this result, you showed that color differences might be resulted from the differences of vascular density between neoplastic lesion vs non neoplastic lesion. However, the related reference you showed is only one. To robust, and concrete your assertion, more reliable references and careful discussion is necessary such as vascular density is independent factors for differentiating neoplastic lesion vs non neoplastic lesion. 3. There are enormous previous reports that not the vascular density, but the vascular architecture is the determining factor for differentiating cancer lesion from non- cancer lesion. However, in this article, you just studied the differences of vascular density. Is it reasonable to differentiate cancer lesions just with vascular density? 5. Result session, in Table 1, you did not demonstrated the characteristics of color among tumor lesions such as red, white, or isochromatic. As for the image enhanced endoscopy such as LCI is used for clinical care, LCI is to capture the differences between lesions which looks similar color though naked eyes or white light imaging. 6. 'non neoplastic lesion' or 'neoplastic lesion' are not the right term. You did not include the adenoma or advanced gastric cancer. Non cancer lesion vs cancer lesion might be more proper in this study. 7. In this study, three of endoscopist retrospectively reviewed the images of LCI and WLI. However, it could be biased because they know what image is taken by LCI or WLI. 8. When the LCI is helpful to detect cancer lesion, the margin positive rate of targeting cancer after ESD might be higher. However, in this study, not only you did not showed the successful rate of the clear resection of cancer, but also did not compared the rates between LCI and WLI. 9. You analyzed the color differences of non neoplastic vs neoplastic lesions. What is the



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standard guidelines for your study to pointing the non neoplastic lesion? Non neoplastic lesion includes erosive lesion, or atrophic lesion, and so on. You should stratify and analyzed in these lesion. Because, in this lesion, erosive lesion might be calculated red, and atrophic lesion might be calculated white. LCI also function in aforementioned lesions?

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: 45412

Title: Utility of linked color imaging for endoscopic diagnosis of early gastric cancer

Reviewer's code: 03017516

Reviewer's country: France

Science editor: Ruo-Yu Ma

Date sent for review: 2019-01-02

Date reviewed: 2019-01-13

Review time: 20 Hours, 11 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 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 report the use of linked color imaging for diagnosis of early gastric cancer. The manuscript is well written and the aim and methods are clear. The results are interesting. The main limitation of the study is the low number of enrolled patients. What is the impact of these findings on the clinical management of patients? Can you



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better detail this topic in the discussion?

INITIAL REVIEW OF THE MANUSCRIPT

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- Duplicate publication
- Plagiarism
- No

BPG Search:

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- Plagiarism
- No