



## PEER-REVIEW REPORT

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

**Manuscript NO:** 63862

**Title:** Current indications for endoscopic submucosal dissection of early gastric cancer

**Reviewer's code:** 05301514

**Position:** Peer Reviewer

**Academic degree:** MD

**Professional title:** Chief Doctor, Surgeon

**Reviewer's Country/Territory:** Japan

**Author's Country/Territory:** China

**Manuscript submission date:** 2021-02-05

**Reviewer chosen by:** Man Liu

**Reviewer accepted review:** 2021-03-08 12:05

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**Review time:** 4 Days and 3 Hours

<b>Scientific quality</b>	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
<b>Language quality</b>	<input checked="" type="checkbox"/> Grade A: Priority publishing <input type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
<b>Conclusion</b>	<input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input checked="" type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
<b>Re-review</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Peer-reviewer statements</b>	Peer-Review: <input type="checkbox"/> Anonymous <input checked="" type="checkbox"/> Onymous Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No



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## SPECIFIC COMMENTS TO AUTHORS

Comments to the Author This paper describes the indication of ESD for early gastric cancer and the importance of function-preserving surgery in non-curative resection cases. This is an important paper in considering treatment strategies for early gastric cancer. The manuscript is well-written. The logical flow is clear. I have a several comments below:

1. Abstract Comment: The authors listed "Guidelines" and "Management" as keywords. However, I think keywords such as "Non-curative resection", "Salvage surgery", and "Function-preserving surgery" (or "Function-preserving gastrectomy") may be better to indicate the points of this paper.
2. INTRODUCTION Page 5, lines 3-4: "Most patients with early gastric cancer (EGC) have no obvious clinical symptoms, and they are already in the advanced stage at the time of diagnosis." Comment: This sentence may mislead readers into thinking that most early gastric cancers cannot be detected at an early stage but are diagnosed after they have progressed to advanced cancer. If gastric cancer screening is performed properly, gastric cancer can be detected at an early stage. However, unfortunately, patients are often diagnosed at the stage of advanced gastric cancer if they have not been screened for gastric cancer. Please revise this sentence. Page 6, lines 5-6: "So, we aimed..." Comment: "So" is a colloquial expression. "Thus" or "Herein" may be better.
3. EPIDEMIOLOGY OF EGC Comment: It seems that the abbreviations "GLOBOCAN" and "NCCRC" are not used in the subsequent main text. Please check if the abbreviations need to be defined. (Please check if other abbreviations in subsequent sections need to be defined as well.)
4. PRINCIPLES OF ENDOSCOPIC RESECTION Page 8, lines 17-18: "At present, endoscopic resection of EGC mainly includes endoscopic mucosal resection (EMR) and endoscopic submucosal dissection (ESD)." Comment: The abbreviation "ESD" has already been defined in the previous paragraph. Please check if the authors need to define it again here. Page 8, lines 21: "So, ESD has gradually..." Comment: As I



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pointed out before, “So” is a colloquial expression and should be avoided in medical paper. Please ask your Editage editor. 5. MANAGEMENT AFTER ENDOSCOPIC RESECTION Comment: In Table 2, “SM1 (<500μm=” may be typo. “SM1 (<500μm)” may be correct. Page 15, lines 12-13: “In the case of LNM, complete excision can be achieved by ESD again, regardless of positive margin or local recurrence.” Comment: This sentence seems to be incorrect. In the case of LNM, ESD cannot achieve complete excision. A second ESD may be applied for margin positives and local recurrences. Salvage surgery can achieve complete excision. Please revise this sentence. 6. MANAGEMENT AFTER ADDITIONAL SURGERY IN PATIENTS WITH ENDOSCOPIC RESECTION, CURRENT PROBLEMS AND FUTURE PERSPECTIVES Comment: These sections are very well-written. I agree with the authors’ description. Page 19, lines 26-27: “Without affecting the radical effect of EGC, minimally invasive surgery can significantly improve the postoperative life quality of patients.” This is a key sentence. ESD is certainly a good minimally invasive procedure, but there is early gastric cancer that cannot be cured by ESD. In such cases, minimally invasive, function-preserving surgery that maintains curability plays an important role. (I don't think the authors need to revise anything in these sections.)



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<b>Scientific quality</b>	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
<b>Language quality</b>	<input checked="" type="checkbox"/> Grade A: Priority publishing <input type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
<b>Conclusion</b>	<input type="checkbox"/> Accept (High priority) <input checked="" type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
<b>Re-review</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Peer-reviewer statements</b>	Peer-Review: <input type="checkbox"/> Anonymous <input checked="" type="checkbox"/> Onymous Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No



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#### **SPECIFIC COMMENTS TO AUTHORS**

The authors have answered my concern raised before, and the quality of the submission has been improved.



**RE-REVIEW REPORT OF REVISED MANUSCRIPT**

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**Reviewer’s Country/Territory:** Japan

**Author’s Country/Territory:** China

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**Reviewer performed review:** 2021-04-01 15:25

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<b>Scientific quality</b>	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
<b>Language quality</b>	<input checked="" type="checkbox"/> Grade A: Priority publishing <input type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
<b>Conclusion</b>	<input type="checkbox"/> Accept (High priority) <input checked="" type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
<b>Peer-reviewer statements</b>	Peer-Review: <input type="checkbox"/> Anonymous <input checked="" type="checkbox"/> Onymous Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

**SPECIFIC COMMENTS TO AUTHORS**

The manuscript has been appropriately modified according to the reviewer's comments.