



## PEER-REVIEW REPORT

**Name of journal:** *World Journal of Gastroenterology*

**Manuscript NO:** 65947

**Title:** Advances in traction methods for endoscopic submucosal dissection: What is the best traction method and traction direction?

**Provenance and peer review:** Invited Manuscript; Externally peer reviewed

**Peer-review model:** Single blind

**Reviewer's code:** 00074490

**Position:** Peer Reviewer

**Academic degree:** PhD

**Professional title:** Chief Doctor

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

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

**Manuscript submission date:** 2021-03-18

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2021-03-18 04:30

**Reviewer performed review:** 2021-03-20 05:27

**Review time:** 2 Days

<b>Scientific quality</b>	<input checked="" type="checkbox"/> Grade A: Excellent <input 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 Grade E: Do not publish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 checked="" type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
<b>Re-review</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No



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<b>Peer-reviewer statements</b>	Peer-Review: [ <input checked="" type="checkbox"/> ] Anonymous [ <input 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 detailly reviewed traction methods in ESD procedure, especially traction direction. Also, the authors provided sufficient pictures for illustration. The authors did a good job. No specific comment.



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**Peer-review model:** Single blind

**Reviewer's code:** 03713593

**Position:** Editorial Board

**Academic degree:** MD, PhD

**Professional title:** Assistant Professor, Attending Doctor

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

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

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**Reviewer chosen by:** Jin-Lei Wang

**Reviewer accepted review:** 2021-03-24 08:11

**Reviewer performed review:** 2021-03-24 12:16

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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
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<b>Re-review</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No



<b>Peer-reviewer statements</b>	Peer-Review: [ <input checked="" type="checkbox"/> ] Anonymous [ <input type="checkbox"/> ] Onymous Conflicts-of-Interest: [ <input type="checkbox"/> ] Yes [ <input checked="" type="checkbox"/> ] No
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### **SPECIFIC COMMENTS TO AUTHORS**

The author presents a review about traction methods in ESD throughout the gastrointestinal tract. The review is well-written and provides readers interested in this topic with published evidence and also personal experience of the author, along with many illustrative figures. I congratulate the author for this review, and I have only some few suggestions to improve the manuscript. 1) In the second section (traction devices according to organ), the author reports published studies, mainly focusing on procedure time. It would also be interesting to report the effect of traction on some other outcomes such as en-bloc, R0, perforation and bleeding rates. 2) In this second section, please comment also on the benefits of traction according to lesion location (upper third lesions in the stomach for example may be more adequate for traction use) and endoscopist experience (some expert endoscopists may not benefit from traction devices, but they can be a great help for less experienced endoscopists). 3) In the second section, colon/rectum - there was a systematic review published this year (PMID: 33484729) that evaluated PCM outcomes, please refer also these results. Congratulations on this review.



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**Peer-review model:** Single blind

**Reviewer's code:** 03666697

**Position:** Editorial Board

**Academic degree:** MD

**Professional title:** Associate Professor

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

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

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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
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<b>Re-review</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No



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<b>Peer-reviewer statements</b>	Peer-Review: [ <input checked="" type="checkbox"/> ] Anonymous [ <input type="checkbox"/> ] Onymous Conflicts-of-Interest: [ <input type="checkbox"/> ] Yes [ <input checked="" type="checkbox"/> ] No
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### **SPECIFIC COMMENTS TO AUTHORS**

This manuscript is well written, informative to ESD endoscopists, and especially very useful to the beginner. However, there are two recommendations to the author. 1. Is the endoscope in the pocket creation method (PCM) always in the submucosal space? If not, I recommend adding a figure between Figure 6B and Figure 6C to show that the endoscope sometimes has to be above the submucosal pocket to complete the mucosal incision and occasionally perform residual submucosal dissection. Therefore, ESD novice endoscopists may not misunderstand that in PCM ESD, the endoscope is always located in the submucosal space. To clarify what I mean, I take a figure (published in the Journal of Clinical Endoscopy 50(6):562-568) as an example: 2. In the third paragraph on page 12, "Since the sheath is harder than the line, it can provide not only pulling force but also pushing force to the lesion, thus allowing two traction directions" The question is: Is the pushing force (Figure 9A) similar to distal traction (Figure 3D) or diagonally distal traction (Figure 3F)? In my opinion, in the esophagus, when most part of the target specimen has been dissected, this pushing force produces distal traction. For large esophageal target specimens, this pushing force is sometimes useful to find residual submucosal tissue near the end of the ESD. Therefore, in the first paragraph on page 7, "Distal traction may be unsuitable for submucosal dissection in any situation". The sentence may be modified to "Distal traction may be least useful for submucosal dissection in most cases".



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**Peer-review model:** Single blind

**Reviewer's code:** 04315099

**Position:** Peer Reviewer

**Academic degree:** MD, PhD

**Professional title:** Assistant Professor

**Reviewer's Country/Territory:** South Korea

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

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**Reviewer chosen by:** Jin-Lei Wang

**Reviewer accepted review:** 2021-03-25 01:12

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<b>Scientific quality</b>	<input checked="" type="checkbox"/> Grade A: Excellent <input 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
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<b>Re-review</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No



<b>Peer-reviewer statements</b>	Peer-Review: [ <input checked="" type="checkbox"/> ] Anonymous [ <input type="checkbox"/> ] Onymous Conflicts-of-Interest: [ <input type="checkbox"/> ] Yes [ <input checked="" type="checkbox"/> ] No
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### **SPECIFIC COMMENTS TO AUTHORS**

This review article has the author's deep experience and is positioned to answer an important question: What is the best traction method and traction direction? This review article provided helpful information on various traction methods and traction direction for therapeutic endoscopists. Also, I hope this article will be of great help to both beginners and endoscopists who are active in ESD. There are two main advantages in the traction method assist for ESD. One is to shorten procedure time, and the other is to secure a surgical plane to reduce complications. From this point of view, this article consists of an introduction and a systematic arrangement of various methods. I think the quality of almost all parts of the article is excellent. It is also well organized, so it seems that readers can understand the contents without confusion. I only have the following minor points, but I hope some of my comments help improve manuscript quality.

1. The explanation of distal traction on Page 7 is somewhat confusing. Please explain in more detail why distal traction causes layer misrecognition. I understand to some extent if the author intends to explain the difficulties in esophageal ESD. In esophageal ESD, the resected specimen retracts distally during dissection, making it difficult to maintain orientation and adequate traction. Please provide a more detailed explanation for beginner endoscopists.
2. In Table 1, if each method is indicated in which location (esophagus, stomach, colorectum, and duodenum) it is possible to make a recommendation, it will be helpful in practical method selection.