



PEER-REVIEW REPORT

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Manuscript NO: 66074

Title: EXPOSED ENDOSCOPIC FULL-THICKNESS RESECTION FOR DUODENAL SUBMUCOSAL TUMORS: CURRENT STATUS AND FUTURE PERSPECTIVES.

Provenance and peer review: Invited Manuscript; Externally peer reviewed

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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: Italy

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 Grade E: Do not publish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



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Peer-reviewer statements	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 present a concise review about exposed full-thickness resection for submucosal duodenal tumors. The manuscript is well written although I have some comments to improve the manuscript. My major comment is that there are only few reports of exposed duodenal EFTR. The results seem promising in experiencing hands, but should be interpreted with caution given the low number of patients treated with these methods (this is addressed by the authors in the manuscript). Thus, giving that exposed duodenal EFTR is an investigational treatment indicated for only a subtype of duodenal SMTs (small submucosal GISTs/NETs may be treated with exposure with modified-EMR techniques or even ESD with perforation), the authors should discuss: a)

The lesions that can be indicated for exposed FTR b) The outcomes of competing techniques (EMR, ESD, FTR with FTR-devices clip before cut) that can be used in the majority of duodenal SMTs Minor comments: 1. Introduction, 1st line: "the incidence of D-SMTs have been progressively increased during the last decade, due to the development of gastrointestinal endoscopy and, in particular, of endoscopic ultrasonography (EUS) been progressively increased" should be substituted by "the diagnosis of D-SMTs have increased due to the widespread use of gastrointestinal endoscopy", since the true incidence is not increased by the use of endoscopy (although the diagnosis is). EUS has a role in characterization but a limited role in the diagnosis.

2. Introduction, 3rd line: "D-SMTs originating from the muscularis propria" should be substituted by "D-SMTs originating from the submucosa and from the muscularis propria". 3. Introduction, 9th line: "Furthermore, resection of NETs ≥ 10 mm diameter is recommended". Please revise, since in the duodenum resection of NETs is



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recommended independently of the size (contrarily to the stomach). 4. Introduction, 17th line: "To date, the use of ESD has been widely reported with good outcomes for the treatment of duodenal lesions". Please revise, since ESD in the duodenum is not recommended (see ESGE ESD guidelines) except in very expert centers since the perforation rate is 10-30%. 5. Table 1 lacks the first line with the "titles" of the columns. Please revise.