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PEER-REVIEW REPORT

Name of journal: *World Journal of Gastroenterology*

Manuscript NO: 70329

Title: Long-term outcomes of endoscopic submucosal dissection and surgery for undifferentiated intramucosal gastric cancer regardless of size

Provenance and peer review: Invited manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 03768526
Position: Peer Reviewer
Academic degree: MD, PhD
Professional title: Professor
Reviewer's Country/Territory: Japan
Author's Country/Territory: South Korea

Manuscript submission date: 2021-07-30
Reviewer chosen by: AI Technique
Reviewer accepted review: 2021-07-30 09:02
Reviewer performed review: 2021-08-06 12:06
Review time: 7 Days and 3 Hours

Scientific quality	[ ] Grade A: Excellent [Y] Grade B: Very good [ ] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish
Language quality	[Y] Grade A: Priority publishing [ ] Grade B: Minor language polishing [ ] Grade C: A great deal of language polishing [ ] Grade D: Rejection
Conclusion	[ ] Accept (High priority) [ ] Accept (General priority) [Y] Minor revision [ ] Major revision [ ] Rejection
Re-review	[Y] Yes [ ] No

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Peer-reviewer statements	Peer-Review: [Y] Anonymous [ ] Onymous Conflicts-of-Interest: [ ] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

The authors investigated the long-term outcomes of endoscopic submucosal dissection and surgery for undifferentiated intramucosal gastric cancer regardless of size. This is a valuable article on a very current topic. Unfortunately, it is not a prospective study, but it is appropriate to verify this topic in a retrospective study with propensity score matching. I, the reviewer, especially like the fact that the author presents honest data. It should be published in the World Journal of Gastroenterology. Unfortunately, there are some points that need to be corrected and some considerations that should be added. Please refer to the following. 1. Please review and check Figure 2. In legend of [B], ESD and surgery should be reversed. The legend for [F] also seems to have ESD and surgery reversed. 2. Table 5 is difficult to understand. Originally, 'Table' should be able to grasp the contents without reading the text. As it is, the difference between line 6 'Beyond expanded indication' and line 7 'ESD with beyond expanded indication' is not clear. I cannot understand. 3. In this article, all lesions larger than 2 cm are treated in the same way, but strictly speaking, There are two types of lesions, that, "lesions that were preoperatively diagnosed as 2 cm or less and ESD was performed in the diagnosis for expanded indication, but were larger than 2 cm" and "lesions that have been ESD with diagnosis of beyond the indication for larger than 2 cm." If it is possible to consider both types of lesion separately, please try it. This data will help to answer the clinical question, "What to do when the size of a lesion is unexpectedly large pathologically after ESD is performed with the preoperative diagnosis of indicated lesion?" 4. Please add more considerations about the cause of local recurrence in 'Discussion'. It is well known that sometimes the poorly differentiated adenocarcinoma may present with a spread that is

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greater than expected due to the coexistence of noncontiguous crypt progression, which is not obvious on endoscopy. How was the accuracy of the diagnosis of lateral margin in patients in your hospital? Is there a possibility that local recurrence can be reduced if a sufficient lateral margin is secured?