

PEER-REVIEW REPORT

Name of journal: *World Journal of Gastrointestinal Surgery*

Manuscript NO: 78103

Title: Study of preoperative diagnostic modalities in Chinese patients with superficial esophageal squamous cell carcinoma

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 05461735

Position: Peer Reviewer

Academic degree: MD

Professional title: Doctor, Surgeon

Reviewer's Country/Territory: Thailand

Author's Country/Territory: China

Manuscript submission date: 2022-06-09

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-06-10 08:13

Reviewer performed review: 2022-06-21 14:21

Review time: 11 Days and 6 Hours

Scientific quality	[] Grade A: Excellent [] Grade B: Very good [] Grade C: Good [Y] Grade D: Fair [] Grade E: Do not publish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



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

SPECIFIC COMMENTS TO AUTHORS

The authors investigated the diagnostic ability of the depth of esophageal cancer by EUS and ME. However, some vital detail should be clarified. 1. How many endoscopists participate in this study? 2. What is their experience with magnifying endoscopy and EUS? 3. The authors used NBI or BLI for ME. They are not the same. Is there any difference in accuracy between those two systems? 4. In real-life practice, one endoscopist typically prefers one system (NBI or BLI). What is the endoscopists' preference in the authors' endoscopy center? 5. Because of the retrospective design, some of the ME and EUS was performed by junior endoscopists. What is the definition of "junior"? Did it include "trainee"? Did it affect the diagnostic accuracy? 6. There are misspellings in this manuscript. (Ex. Table 2 NE-NBI/BLI) Please carefully check before submission. 7. The aim of this study is to investigate what is better between ME and EUS, but the diagnosis of the depth of esophageal cancer should be ME in the standard guideline. The additionally EUS will help or not is up to the ME expertise of endoscopists. EUS could not be better than ME, but EUS with ME could be better.



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Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 06109343

Position: Peer Reviewer

Academic degree: MD

Professional title: Professor

Reviewer's Country/Territory: Egypt

Author's Country/Territory: China

Manuscript submission date: 2022-06-09

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-06-23 00:16

Reviewer performed review: 2022-07-06 00:37

Review time: 13 Days

Scientific quality	[] Grade A: Excellent [] Grade B: Very good [Y] Grade C: Good [] Grade D: Fair [] Grade E: Do not publish
Language quality	 [] Grade A: Priority publishing [Y] 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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SPECIFIC COMMENTS TO AUTHORS

Comments How many lesions examined by NBI (Olympus endoscope) and how many lesions examined by BLI (Fujinon endoscope)? Is there a difference in accuracy between them? Also how many lesions examined by radial EUS or miniprobes? Still not clear how can EUS differentiate between the stage of MM/SM1, and SM2/SM3. What will be the diagnostic accuracy of both techniques, ME and EUS if added to each other? Would the accuracy will increase if compared to each modality alone? If so, you can recommend combination of both techniques in these patients. What about the diagnostic accuracy of "lifting sign" during ER? You should mention that EUS has the advantage of detecting and even sampling local lymph nodes not seen by CT or MRI. Still English editing is needed.



RE-REVIEW REPORT OF REVISED MANUSCRIPT

Name of journal: World Journal of Gastrointestinal Surgery Manuscript NO: 78103 Title: Study of preoperative diagnostic modalities in Chinese patients with superficial esophageal squamous cell carcinoma Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed Peer-review model: Single blind **Reviewer's code:** 05461735 **Position:** Peer Reviewer Academic degree: MD Professional title: Doctor, Surgeon Reviewer's Country/Territory: Thailand Author's Country/Territory: China Manuscript submission date: 2022-06-09 Reviewer chosen by: Yun-Xiaojian Wu Reviewer accepted review: 2022-08-12 10:53 Reviewer performed review: 2022-08-13 22:40 Review time: 1 Day and 11 Hours

Scientific quality	[] Grade A: Excellent [] Grade B: Very good [Y] Grade C: Good [] Grade D: Fair [] Grade E: Do not publish
Language quality	 [] Grade A: Priority publishing [Y] Grade B: Minor language polishing [] Grade C: A great deal of language polishing [] Grade D: Rejection
Conclusion	 [] Accept (High priority) [Y] Accept (General priority) [] Minor revision [] Major revision [] Rejection
Peer-reviewer	Peer-Review: [Y] Anonymous [] Onymous





statements

Conflicts-of-Interest: [] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

The authors responded well to both reviewers' questions. I have no additional questions.