

## PEER-REVIEW REPORT

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

**Manuscript NO:** 78942

**Title:** Feasibility of same-day discharge following endoscopic submucosal dissection for esophageal or gastric early cancer

**Provenance and peer review:** Unsolicited manuscript; Externally peer reviewed

**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:** China

**Manuscript submission date:** 2022-07-26

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2022-07-30 13:33

**Reviewer performed review:** 2022-08-10 05:31

**Review time:** 10 Days and 15 Hours

Scientific quality	<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 Grade E: Do not publish
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

<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 study presents interesting results evaluating to the feasibility of a same-day (S-D) discharge strategy for ESD of the esophagus or stomach compared with multi-day (M-D) discharge. Additionally, the authors matched two groups with propensity scored matching to decrease difference of baseline covariates. As a result, it was possible to compare and analyze major adverse events in the two groups more objectively. This study was fascinating, and I would like to give an excellent evaluation of the fact that the data showed a part that could concern ESD endoscopists. Many endoscopists are considering same-day ESD, but it is challenging to implement in the real world due to concerns about delayed bleeding and perforation. The most significant limitation of this study was that it is not an RCT, and the authors also mentioned this point in the limitation section. Nevertheless, because there was a lack of research on the feasibility and safety of same-day discharge, this study might hold significant implications given the clinical application of same-day discharge after ESD in the ESD practice. I have the following comments, which may be revised. Major: 1. Title: I wish the title were more straightforward. Wouldn't feasibility or safety be better than the word 'strategy'? I hope the authors take this into account. 2. The introduction section was too short. Please provide more information on background and evidence to guide the research hypothesis. Also, separate the study aim as a new paragraph (last paragraph of the introduction section). 3. Please provide the IRB number and ethic statements in the Method section. 4. How about changing the word 'complete resection' to 'curative resection.' Those two words are different, and I think the authors use the complete resection as a curative resection. 5. The authors provided the p-value after matching. Please present the SMD

values in the table. In PSM, the p-value doesn't matter. 6. Because the authors compared the two groups after PSM, the comparison before matching is meaningless. Therefore, delete the comparison before matching in the second paragraph of the Result section (subtitle: clinical outcomes of ESD). If you want to show the data before PSM, please create a separate paragraph and describe it. 7. The authors showed the lesion in the lower third of the stomach was risk factor for postprocedural bleeding. The OR was 8.065. That was too high. Previous study (World J Gastroenterol. 2010 Jun 21; 16(23): 2913–2917.) reported that, OR of the lower third of the stomach was about 2.00. I think OR 8.065 was too high. What percentage was the lower third of the stomach in the total lesion? Present these numbers in Table 1. Clinically, bleeding from the cardia and fundus is more frequent than from the antrum during ESD. Of course, delayed bleeding can be different. Even considering this, the OR in this study was too high. The authors should further explain this in the discussion section. Bile reflux and peristalsis are challenging to explain. 8. Unfortunately, ESD was performed with a single operator. I think it would have been better if the operator factor was put into a variable and matched. Please add this issue in the limitation section. Minor: 1. HGB please use the entire term 'hemoglobin' instead of HGB 2. In the Method section 4th paragraph, please provide the reference of definition for complete resection. As mentioned above, if what the author means is a curative resection, it is recommended to change the word. 3. In Figure1, the box of excluded, what did it mean the lesion in gastric remnant? Does it mean non-complete resection? Please clarify this. 4. Table 1, please provide the information on specific tumor locations in the stomach and esophagus, respectively (upper 3/1, middle 1/3, and lower 1/3) 5. Table 5, Please provide the OR as one decimal point.

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**Peer-review model:** Single blind

**Reviewer's code:** 06086481

**Position:** Peer Reviewer

**Academic degree:** MD

**Professional title:** Doctor

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

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

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

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

Although ESD has become an established treatment, it is not clear that same-day discharge strategy is feasible and effective for ESD. It is interesting that no differences in major adverse events were found between a same-day discharge group and a multi-day discharge group. My concerns are as follows: 1. In several short-term outcomes, the corresponding literatures are lacking i.e. MAEs, perforation, postoperative bleeding. 2. If PS matching was performed, Table 1 should show not only the P-value but also Standardised Difference. 3. ESD in this study was performed by the same endoscopist, and it is noted that the same-day discharge strategy has been performed since 2020. Is it possible that the surgeon's skill has improved and there was no difference in major adverse events between a same-day discharge group and a multi-day discharge group? Why not do an additional study with only cases from 2020? 4. What was the rehospitalization rate within 7 days of discharge in the same-day discharge strategy group? What were the risk factors?

## RE-REVIEW REPORT OF REVISED MANUSCRIPT

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**Peer-review model:** Single blind

**Reviewer's code:** 06086481

**Position:** Peer Reviewer

**Academic degree:** MD

**Professional title:** Doctor

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

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**Reviewer performed review:** 2022-09-17 11:03

**Review time:** 1 Day and 23 Hours

Scientific quality	<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
Language quality	<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
Conclusion	<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
Peer-reviewer	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous



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statements

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

## **SPECIFIC COMMENTS TO AUTHORS**

For this article, I have no special questions