

# PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

Manuscript NO: 79132

**Title:** Risk factors for small intestinal adenocarcinomas that are common in the proximal small intestine

Provenance and peer review: Invited manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 05259957

**Position:** Peer Reviewer

Academic degree: MD, PhD

Professional title: Doctor

Reviewer's Country/Territory: China

Author's Country/Territory: Japan

Manuscript submission date: 2022-08-05

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-08-19 06:05

Reviewer performed review: 2022-08-29 04:51

Review time: 9 Days and 22 Hours

Scientific quality	[ ] Grade A: Excellent [ ] Grade B: Very good [Y] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish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



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

### SPECIFIC COMMENTS TO AUTHORS

I appreciate the authors for shedding lights on the risk factors for small intestinal adenocarcinomas especially in the proximal small intestine. The overall manuscript is well organized. Although authors certify that the manuscript has been revised by a native speaker. There are still great deal of syntax. Please consider re-revising from a native speaker expert in the filed.



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Peer-review model: Single blind

Reviewer's code: 05226121

Position: Peer Reviewer

Academic degree: MBBS, MD

Professional title: Academic Fellow, Academic Research, Doctor, Junior Editor,

Teaching Assistant

Reviewer's Country/Territory: United States

Author's Country/Territory: Japan

Manuscript submission date: 2022-08-05

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-09-01 00:57

Reviewer performed review: 2022-09-01 01:35

Review time: 1 Hour

Scientific quality	[ ] Grade A: Excellent [ ] Grade B: Very good [ ] Grade C: Good [ Y] Grade D: Fair [ ] Grade E: Do not publish
Language quality	<ul> <li>[ ] Grade A: Priority publishing [Y] Grade B: Minor language polishing</li> <li>[ ] Grade C: A great deal of language polishing [ ] Grade D: Rejection</li> </ul>
Conclusion	<ul> <li>[ ] Accept (High priority) [ ] Accept (General priority)</li> <li>[ ] Minor revision [ Y] Major revision [ ] Rejection</li> </ul>



Re-review	[Y]Yes []No
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#### SPECIFIC COMMENTS TO AUTHORS

Small intestinal adenocarcinoma is much less common than colorectal adenocarcinoma, and the content of the intestinal tract, which is difficult to absorb, stays in the ileum for a long time: please rewrite the core tip, you are comparing colon and small intestine and then you are saying the content stays in ileum, does not have a flow. Primary small intestinal malignancies include neuroendocrine tumors, sarcomas, and lymphomas : please include adenocarcinoma also Villi and circular folds in the small intestine occupy 98% of the surface area of the intestinal tract: You stated before, small intestine occupies 90% before, now you stated 98%, please explain. but no adenocarcinomas appeared at the administration site, which was the jejunum/ileum: what do you mean by intra-vascular, was it given directly to SMA ?, but that goes to duodenum as well and jejunum and ileum ? A mixture of bile and pancreatic juice passes through bile ducts and pancreatic ducts. It is natural to think that the carcinogenic origin in the papilla of Vater is different from that in the small intestinal mucosa. : But the same bile and pancreatic juice comes to small intestine eventually, so how is the exposure different ? In addition, reports of small intestinal neuroendocrine tumors are often reported in the jejunum within 1 m from the ileocecal valve: can you please confirm, most common site is TI, within 60cm from ileo-cecal valve However, it remains unclear whether immunity can explain why cancer is overwhelmingly less common in the small intestine than in the large intestine because there are few reports on this topic: citations



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Peer-review model: Single blind

Reviewer's code: 02441085

Position: Editorial Board

Academic degree: PhD

Professional title: Associate Professor

Reviewer's Country/Territory: Thailand

Author's Country/Territory: Japan

Manuscript submission date: 2022-08-05

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-08-30 01:47

Reviewer performed review: 2022-09-06 07:20

Review time: 7 Days and 5 Hours

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



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

### SPECIFIC COMMENTS TO AUTHORS

The authors proposed the risk factors (i.e., food, bile and pancreatic juice, intestinal chemicals, intestinal microbiota, and villous high) of small intestinal cancer, which most common occurs in duodenum. However, the major question in this manuscript is "why the gastric acid and duodenal ulcer did not concern?". Please re-check this sentence "Adenocarcinoma is predominant in the jejunum in all reports comparing the jejunum and ileum." In page6, paragraph2.