

PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Cases

Manuscript NO: 79596

Title: Oral higher-dose prednisolone to prevent stenosis after endoscopic submucosal dissection for early esophageal cancer

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 05937294

Position: Editorial Board

Academic degree: MD

Professional title: Research Fellow

Reviewer's Country/Territory: Iran

Author's Country/Territory: China

Manuscript submission date: 2022-08-28

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-08-28 14:47

Reviewer performed review: 2022-08-28 15:36

Review time: 1 Hour

Scientific quality	[] Grade A: Excellent [] Grade B: Very good [] Grade C: Good [] Grade D: Fair [Y] Grade E: Do not publish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 [] Major revision [Y] Rejection
Re-review	[]Yes [Y]No



Baishideng **Publishing**

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

SPECIFIC COMMENTS TO AUTHORS

the authors present an study to assess the effectiveness of oral higher doses of prednisolone for prevention of esophageal stricture after endoscopic submucosal dissection 1. the manuscript lacks any novelty. 2. please write the full term of ESD in the abstract for the first mentioning. 3. ESD procedure is not a new one, but when you prefer to explain it, you should provide some related figures for better understanding the process 4. during the first paragraph of result, you mentioned the initial patients and the final cased after applied the eligibility criteria, It's better to add a flow chart for your pathway 5. you have claimed that "increasing the dose of oral hormone (prednisone acetate 50 mg/day) and prolonging the treatment time (13 weeks) were significantly effective to prevent esophageal stricture in patients with mucosal defects $\geq 3/4$ circumference after ESD", but you don't have any P.value or effect size; so how do you consider it as "significant" 6. you have no control group to assess the effectiveness of your therapy in the outcome.



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Peer-review model: Single blind

Reviewer's code: 05342613

Position: Editorial Board

Academic degree: FACS

Professional title: Professor

Reviewer's Country/Territory: Turkey

Author's Country/Territory: China

Manuscript submission date: 2022-08-28

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-09-05 06:49

Reviewer performed review: 2022-09-05 08:15

Review time: 1 Hour

Scientific quality	[] Grade A: Excellent [Y] Grade B: Very good [] 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
Re-review	[]Yes [Y]No



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SPECIFIC COMMENTS TO AUTHORS

I had suggestions about the spelling of some words in the text.



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Peer-review model: Single blind

Reviewer's code: 03765445

Position: Editorial Board

Academic degree: FRCS (Gen Surg), MBChB, MCh

Professional title: Assistant Professor, Surgeon

Reviewer's Country/Territory: Singapore

Author's Country/Territory: China

Manuscript submission date: 2022-08-28

Reviewer chosen by: Dong-Mei Wang

Reviewer accepted review: 2022-09-15 13:51

Reviewer performed review: 2022-09-15 14:31

Review time: 1 Hour

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	[]Yes [Y]No



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

SPECIFIC COMMENTS TO AUTHORS

Thank you for an interesting paper describing the use of higher doses of oral prednisolone and over a longer treatment period to reduce or prevent the risk of oesophageal strictures after ESD >75% circumference in early oesophageal SCC and dysplastic lesions. Under Methods, what is IPCL? The authors defined oesophageal stricture as the inability to allow 9.9 mm diameter gastroscope to pass the stricture. I am interested to know if any of the 14 patients who had ESD for lesions >75% circumference had any symptom of dysphagia after the procedure. What kind of diet was the patients advised post-ESD eg. liquid, soft, normal etc? Any of these patients continue to smoke cigarettes and/or drink alcohol?



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Peer-review model: Single blind

Reviewer's code: 05548742

Position: Peer Reviewer

Academic degree: MD, PhD

Professional title: Assistant Professor

Reviewer's Country/Territory: Japan

Author's Country/Territory: China

Manuscript submission date: 2022-08-28

Reviewer chosen by: Dong-Mei Wang

Reviewer accepted review: 2022-09-13 04:18

Reviewer performed review: 2022-09-26 12:26

Review time: 13 Days and 8 Hours

Scientific quality	[] Grade A: Excellent [] Grade B: Very good [] Grade C: Good [Y] 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) [] 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

In this manuscript, the authors demonstrate oral higher doses of prednisolone for prevention of esophageal stricture after endoscopic submucosal dissection for early esophageal cancer and precancerous lesions. Even though the results are interesting, there are several concerns regarding this case reports that the authors need to clarify. I am not convinced that the central claim of the paper is correct. Listed below are my • In the introduction, the authors mentioned esophageal stricture in specific comments. children. Is this relevant to this discussion? Both the background and the treatment of the disease are fundamentally different subjects, and it is doubtful whether it is suitable • In the method, there is a statement that EBD is performed if necessary, for quoting. but in this study, is there not a single case in which balloon dilation was added? Based on past reports and our experience, we cannot believe that oral steroids alone can • Why did the author list "0/10" in the result, which should be 14 prevent stenosis. cases? 10 examples? • In the discussion, it is discussed that the evaluation of stenosis is limited to endoscopic observation in the reports so far, as evidence that administration of steroids at the beginning leads to prevention. But other than that, it is really difficult to evaluate, and if the authors argue like this, the authors should include a solid evaluation that can be said to be useful in this study. In addition, it is assumed that the cause of stenosis is peripheral, but some reports state that the depth of invasion may be related. Isn't it an exaggeration to say that high-dose steroids can be prevented in this content? There is too little evidence to use the word "can". Furthermore, in this study, there were only two cases of circumferential resection, which makes it difficult to compare with other reports. Considering that point, discussion should be described.



RE-REVIEW REPORT OF REVISED MANUSCRIPT

Name of journal: World Journal of Clinical Cases Manuscript NO: 79596 Title: Oral higher-dose prednisolone to prevent stenosis after endoscopic submucosal dissection for early esophageal cancer Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed Peer-review model: Single blind **Reviewer's code:** 05548742 **Position:** Peer Reviewer Academic degree: MD, PhD **Professional title:** Assistant Professor Reviewer's Country/Territory: Japan Author's Country/Territory: China Manuscript submission date: 2022-08-28 Reviewer chosen by: Geng-Long Liu Reviewer accepted review: 2022-10-25 04:46 Reviewer performed review: 2022-10-25 05:08 Review time: 1 Hour

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 did a good job of answering my questions, and the manuscript has been revised.