



## PEER-REVIEW REPORT

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

**Manuscript NO:** 80043

**Title:** Confusion and prospects for carcinogenesis of gastric adenoma and dysplasia – What is the correct answer currently?

**Provenance and peer review:** Invited Manuscript; Externally peer reviewed

**Peer-review model:** Single blind

**Reviewer's code:** 05909109

**Position:** Peer Reviewer

**Academic degree:** MD

**Professional title:** Doctor

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

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

**Manuscript submission date:** 2022-09-15

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2022-09-22 05:33

**Reviewer performed review:** 2022-09-22 05:58

**Review time:** 1 Hour

<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 Grade E: Do not publish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 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
<b>Conclusion</b>	<input checked="" type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input 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="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**

Manuscripts about gastric carcinogenesis are heavily needed! With decreasing number of Hp+ individuals, we see more and more gastric neoplasm cases with no Hp infection (some for sure never had any!) Comparing colorectal cancer with gastric cancer is fine in my eyes... ..so much interest and time has been put into the carcinogenesis of colorectal cancer but not yet gastric cancer..... out attempts slowed down a lot after the Correa Hypothesis which is not optimal as we all know from our daily routines. Minor: diagnostic criteria However, intramucosal carcinoma is also considered a cancer, which is different from the classification in Western countries This is just not true! It is lousy, sometimes very loud Western pathologists who consider mucosal carcinoma in the stomach as carcinoma in situ or non invasive or what ever. Lousy pathologists also experience problems with gastric biopsies and rarely make a carcinoma diagnosis on biopsies unless it is a clear signet ring cell cancer. But this is not a "Western concept"! It is the sequele of some (loud) lousy Western pathologists. Sorry, but I have to make this very clear! The situation is different in the colon since there Western pathologists are indeed forced by some influential people to stick to a WHO classification that doesn't accept mucosal carcinomas in the colon. But that is a total different topic and even more lousy. So, after making this clear I would suggest to change that specific sentence into: However, intramucosal carcinoma is also considered a cancer, which is not accepted by some pathologists in Western countries. References ... please consider to cite this manuscript with adenoma diagnoses also in healthy stomachs: It should be at least cited together with ref 4 ! Helicobacter Infection and Gastric Adenoma. Bertz S, Angeloni M, Drgac J, Falkeis C, Lang-Schwarz C, Sterlacci W, Veits L, Hartmann A,



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Vieth M. *Microorganisms*. 2021 Jan 5;9(1):108. doi: 10.3390/microorganisms9010108



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**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:** Japan

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**Reviewer performed review:** 2022-10-24 08:33

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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
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This review article has the author's deep experience. It is positioned to answer an important question: What is the Gastric adenoma-carcinoma sequence different from colon adenoma-carcinoma sequences, and do we need to perform endoscopic resection in all low-grade gastric adenoma? This review article provided helpful information on the carcinogenesis of early gastric neoplasm for therapeutic endoscopists. Also, I hope this article will significantly help beginners and endoscopists active in ESD. There were discrepancies between endoscopic forceps biopsy before resection and final ESD pathology. As the author mentioned, about 10% of the low-grade gastric adenoma, which was confirmed at the forceps biopsy, could change cancer or high-grade adenoma in the final pathology. Many endoscopists may be considering whether ESD should be an appropriate method for Low-Grade Adenoma. I think the quality of almost all parts of the article is excellent and well organized so that readers can understand the contents without confusion. I only have the following minor points, but I hope some of my comments help improve the manuscript's quality. I hope the part about stomach cancer in the Introduction Section is in front of this section because CRC is comparable to explaining Gastric Neoplasm Carcinogenesis.