



## PEER-REVIEW REPORT

**Name of journal:** *World Journal of Gastrointestinal Surgery*

**Manuscript NO:** 86319

**Title:** Prediction of lymph node metastasis in early esophageal cancer

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

**Peer-review model:** Single blind

**Reviewer's code:** 03768526

**Position:** Peer Reviewer

**Academic degree:** MD, PhD

**Professional title:** Professor

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

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

**Manuscript submission date:** 2023-06-12

**Reviewer chosen by:** Geng-Long Liu

**Reviewer accepted review:** 2023-07-12 06:56

**Reviewer performed review:** 2023-07-17 11:20

**Review time:** 5 Days and 4 Hours

<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 Grade E: Do not publish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>Novelty of this manuscript</b>	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Good <input checked="" type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No novelty
<b>Creativity or innovation of this manuscript</b>	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No creativity or innovation



<b>Scientific significance of the conclusion in this manuscript</b>	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No scientific significance
<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="checkbox"/> Anonymous <input type="checkbox"/> Onymous
	Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

**SPECIFIC COMMENTS TO AUTHORS**

The authors reviewed the predictive factors for lymph node metastasis in early esophageal cancer. This review article is a good summary of the current evidence, especially for the molecular findings, and is of high value. Unfortunately, there is a fundamental misunderstanding that needs to be corrected. 1. Lymph node metastasis is important in determining the therapeutic strategy for early esophageal cancer. This is not the first review of this topic; countless reviews have been written since the 20th century, and the relationship between depth of invasion and rate of metastasis is already common knowledge to most researchers. 2. Lymph node metastasis of early-stage esophageal cancer highly depends on the depth of invasion. Diagnosis of the depth of invasion of esophageal cancer has progressed dramatically over the past 20 years with the advent of NBI and magnifying endoscopy. Without such information, it would be inadequate to speculate about lymph node metastasis. 3. Lymph node metastasis of early esophageal cancer highly depends on the depth of invasion. The mortality after surgery for esophageal cancer cannot be ignored, so since the 20th century, a treatment strategy has been adopted: esophageal cancer with a preoperative diagnosis up to SM1



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should first be resected by ESD, and the decision of subsequent surgery is examined by the depth of invasion and vascular invasion. Therefore, there is no clinical problem using the information obtained from ESD specimens to predict lymph node metastasis. This paper lacks the perspective of the actual treatment strategy. 4. The rate of lymph node metastasis of esophageal adenocarcinoma varies depending on the location and the metastatic site. This needs to be considered.



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**Professional title:** Professor

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

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

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**Reviewer chosen by:** Geng-Long Liu

**Reviewer accepted review:** 2023-08-04 10:53

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<b>Scientific quality</b>	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input checked="" type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
<b>Novelty of this manuscript</b>	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No novelty
<b>Creativity or innovation of this manuscript</b>	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No creativity or innovation



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<b>Scientific significance of the conclusion in this manuscript</b>	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No scientific significance
<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 checked="" type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
<b>Re-review</b>	<input type="checkbox"/> Yes <input checked="" 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

## SPECIFIC COMMENTS TO AUTHORS

I think that the predictive factors put forward by the authors will be a guide for prospective studies. However, many predictive factors need to be confirmed by new studies. However, I think that a rigorous and detailed conclusion section will contribute to the literature.