

PEER-REVIEW REPORT

Name of journal: *World Journal of Gastrointestinal Surgery*

Manuscript NO: 88278

Title: Laparoscopic resection and endoscopic submucosal dissection for treating gastric ectopic pancreas

Provenance and peer review: Invited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 00722786

Position: Editorial Board

Academic degree: MD, PhD

Professional title: Assistant Professor, Research Assistant Professor

Reviewer's Country/Territory: Serbia

Author's Country/Territory: China

Manuscript submission date: 2023-09-18

Reviewer chosen by: AI Technique

Reviewer accepted review: 2023-10-02 15:26

Reviewer performed review: 2023-10-02 16:31

Review time: 1 Hour

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 Grade E: Do not publish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

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

Dear Authors, The manuscript "Laparoscopic resection and endoscopic submucosal dissection for treating gastric ectopic pancreas" describes and compares two techniques in the treatment of gastric ectopic pancreas, which is a rare entity. The manuscript is excellent, interesting for readers, written in a clear and adequate way and deserves to be published in WJGS. Congratulations. I would have the following suggestions for authors: 1. Correct CA-199 to CA-19-9 (typographical error) 2. I believe that the SI Unit should not be repeated, e.g. (72.42 ± 23.84 min vs. 74.17 ± 12.81 min), I think it is more adequate (72.42 ± 23.84 vs. 74.17 ± 12.81 min), as well as (0.20%-0.25%), it should be (0.20-0.25%) 3. Instead of P<0.05, it should be p<0.05 (lower case, typographical error) 4. "Laparoscopic resection (LR) and endoscopic submucosal dissection (ESD) are both recommended surgical methods for gastric submucosal tumors [9]". ESD is a method of interventional endoscopy, so I think the word surgical should be omitted. 5. It is unnecessary to repeat the number of respondents in the methodology and in the results. It is enough only in the results. 6. "Ultrasound gastroscopy..." is an incorrect name, the correct name is endoscopic ultrasonography. 7. "50 w" should be corrected to 50 W

(typographical error) 8. When describing steps in ESD or LR techniques, use only Arabic or only Roman numerals, not both 9. On the pictures, mark A, B, C, D... 10. In the presentation of the results in the tables, mark where the mean value \pm SD is stated (first rows). It can also be marked with *, so it can be mentioned in the legend of the table 11. "...and gastric stromal tumor (GIST)". GIST is the commonly accepted abbreviation for gastrointestinal stromal tumor.

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Reviewer's code: 05061299

Position: Peer Reviewer

Academic degree: Doctor, MD, PhD

Professional title: Associate Professor, Doctor, Surgeon

Reviewer's Country/Territory: Spain

Author's Country/Territory: China

Manuscript submission date: 2023-09-18

Reviewer chosen by: Yu-Lu Chen

Reviewer accepted review: 2023-10-19 07:19

Reviewer performed review: 2023-10-27 02:31

Review time: 7 Days and 19 Hours

Scientific quality	<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
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Conclusion	<input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input checked="" type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
Re-review	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Peer-reviewer statements	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 have completed the review of the manuscript referred to on the F6Publishing system page. Anyway, I attach my comments here.

1. The authors carried out a retrospective study on the treatment of ectopic pancreas located in the gastric region and defined its characteristics in the endoscopic ultrasound study (EUS). The title adequately reflects the content of the manuscript.
2. Acronyms (GIST) should be identified the first time they appear in the text.
3. The authors present their work as the first to compare the results of laparoscopic or endoscopic treatment using ESD. Given that the laparoscopic group represents 12% of the total (6 cases VS 43), it cannot be considered a true comparative study, especially when it is a retrospective study in which the selection of the technique is not randomized or protocolized.
4. There are excessively long and irrelevant paragraphs, such as the description made of the laparoscopic procedure example, given that this is not standardized.
5. The second paragraph of the discussion refers to the pathogenesis of this pathology. This should be included in the introduction.