



## PEER-REVIEW REPORT

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

**Manuscript NO:** 79519

**Title:** Effectiveness and safety of endoscopic resection for duodenal gastrointestinal stromal tumors: a single center analysis

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

**Peer-review model:** Single blind

**Reviewer's code:** 06267313

**Position:** Peer Reviewer

**Academic degree:** BSc

**Professional title:** Research Assistant

**Reviewer's Country/Territory:** Sri Lanka

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

**Manuscript submission date:** 2022-08-28

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2022-08-29 06:49

**Reviewer performed review:** 2022-08-29 06:51

**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 Grade E: Do not publish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 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No



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<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**

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

**Peer-review model:** Single blind

**Reviewer's code:** 00001114

**Position:** Editor-in-Chief

**Academic degree:** MD, PhD

**Professional title:** Chief Doctor

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

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

**Manuscript submission date:** 2022-08-28

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**Reviewer accepted review:** 2022-08-28 23:59

**Reviewer performed review:** 2022-09-03 06:22

**Review time:** 5 Days and 6 Hours

<b>Scientific quality</b>	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input checked="" type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
<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
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<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**

My comments to Authors: This study assessed the short- and long-term safety outcomes of endoscopic resection of duodenal GISTs. The authors suggest that endoscopic resection of duodenal GISTs appears to be an effective and safe minimally invasive treatment when performed by an experienced endoscopist. However, it could be difficult to evaluate the efficacy and safety of the procedure because of the limited number of patients in a case series. Abstract 1. In conclusion, “by an experienced endoscopist” was abrupt because there was no explanation in the Methods section. Introduction 1. Page 5, [10-11] ].→ Please delete "]". Material and Methods 1. I wondered if this study included cases that were finally diagnosed as other tumors, such as leiomyoma, in addition to GIST treated with ER. The authors should present a preoperative diagnosis and basis for GIST. 2. This study did not explain the indication criteria regarding tumor size or location. I wonder if those factors were related to selection bias. The authors should clarify the indication for ER for duodenal GIST. 3. Page 7. Oral intake was gradually resumed according to wound recovery. This explanation remains unclear. Did the authors check for wound healing using endoscopy? Therefore, they should describe more specific criteria for restarting oral intake. 4. What criteria did the authors apply to risk assessment of GIST? Please show a reference. 5. Page 8, >2 mg/dl→>2 g/dl 6. In the abstract, the authors concluded that endoscopic resection for duodenal GISTs appears to be an effective and safe minimally invasive treatment when performed by an experienced endoscopist. However, there is no definition of the experienced endoscopist. Discussion 1. The authors should focus more on the technical difficulties of ER for duodenal GIST, depending on the location of the



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duodenum, tumor size, or retrieval of a resected tumor, rather than the long-term outcome because of the very small sample size. 2. The rate of development of postoperative abdominal infection was slightly higher. The authors should discuss the prediction of abscess development related to endoscopic findings during a procedure, CT findings, or clinical course. 3. Other treatment modalities, such as laparoscopic resection with pancreas preservation, should be discussed more in relation to indications for ER; indications may vary depending on the size and location of the GIST in the duodenum.



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**Peer-review model:** Single blind

**Reviewer's code:** 00724887

**Position:** Editorial Board

**Academic degree:** MD

**Professional title:** Attending Doctor

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

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

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**Reviewer accepted review:** 2022-08-29 03:14

**Reviewer performed review:** 2022-09-07 01:47

**Review time:** 8 Days and 22 Hours

<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>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
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### **SPECIFIC COMMENTS TO AUTHORS**

This study is well written I have suggestion Kindly provide pathological details of the cases Few histological images to be added Also, immunohistochemistry work-up What about molecular studies