

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastrointestinal Endoscopy

ESPS manuscript NO: 25374

Title: Endoscopic full thickness resection for gastric tumors originating from muscularis propria

Reviewer's code: 03474644

Reviewer's country: Italy

Science editor: Jing Yu

Date sent for review: 2016-03-07 12:02

Date reviewed: 2016-03-13 23:44

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input checked="" type="checkbox"/> Grade A: Priority publishing	Google Search:	<input checked="" type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input type="checkbox"/> High priority for publication
<input checked="" type="checkbox"/> Grade C: Good	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Duplicate publication	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input type="checkbox"/> Plagiarism	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input checked="" type="checkbox"/> No	<input type="checkbox"/> Major revision
		BPG Search:	
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

COMMENTS TO AUTHORS

The authors have done a commendable job presenting the surgical technique carefully in the description of the technical aspects, the necessary equipment and possible alternatives for the suture of the wall defect in the case of endoscopic excision of larger lesions.

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastrointestinal Endoscopy

ESPS manuscript NO: 25374

Title: Endoscopic full thickness resection for gastric tumors originating from muscularis propria

Reviewer's code: 03245122

Reviewer's country: China

Science editor: Jing Yu

Date sent for review: 2016-03-07 12:02

Date reviewed: 2016-03-15 11:27

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C: Good	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Duplicate publication	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input type="checkbox"/> Plagiarism	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		[Y] No	<input type="checkbox"/> Major revision
		BPG Search:	
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		[Y] No	

COMMENTS TO AUTHORS

This is a good summarization of classification and option of therapeutic method of SMTs. The necessity of EFTR for SMTs is convincing and the outcome of EFTR is satisfactory and promising. Hope the paper will be published sooner. A little suggestion: maybe the "Figure 1 to 4 illustrates EFTR of gastric lesion originating from muscularis propria with assistance of OTSC" is not necessary in this paper.

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastrointestinal Endoscopy

ESPS manuscript NO: 25374

Title: Endoscopic full thickness resection for gastric tumors originating from muscularis propria

Reviewer's code: 00050420

Reviewer's country: South Korea

Science editor: Jing Yu

Date sent for review: 2016-03-07 12:02

Date reviewed: 2016-03-21 13:32

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C: Good		<input type="checkbox"/> Duplicate publication	
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Plagiarism	<input checked="" type="checkbox"/> Rejection
<input checked="" type="checkbox"/> Grade E: Poor		<input checked="" type="checkbox"/> No	<input type="checkbox"/> Minor revision
	<input type="checkbox"/> Grade D: Rejected	BPG Search:	<input type="checkbox"/> Major revision
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

COMMENTS TO AUTHORS

The manuscript presents the endoscopic full thickness resection for gastric tumors originating from muscularis propria. Most of tumors were gastrointestinal tumors(GISTs) and leiomyomas. GISTs have a malignant potential. The main objectives of surgical treatment of GIST are to acquire negative margins and to resect the tumor without causing tumor rupture. Endoscopic dissection should follow the principles of oncologic surgery. Although endoscopic resection was a feasible surgical approach if tumor is small and favorable located. An endoscopic shell-out procedure or enucleation should be avoided if GIST is suspected. Tumor rupture is an independent prognostic factor in operable GIST. If the shell of tumor is broken during procedure, we may lose the opportunity to cure GIST. There are several weak points in the manuscript. Two journals were not suitable for including criteria. The longer period is required to evaluate the metastasis or recurrence. Accordingly, I do not think the manuscript is suitable for publishing in WJG.

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastrointestinal Endoscopy

ESPS manuscript NO: 25374

Title: Endoscopic full thickness resection for gastric tumors originating from muscularis propria

Reviewer's code: 03018877

Reviewer's country: Turkey

Science editor: Jing Yu

Date sent for review: 2016-03-07 12:02

Date reviewed: 2016-03-25 01:51

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input type="checkbox"/> High priority for publication
<input checked="" type="checkbox"/> Grade C: Good	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Duplicate publication	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input type="checkbox"/> Plagiarism	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input checked="" type="checkbox"/> No	<input type="checkbox"/> Major revision
		BPG Search:	
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

COMMENTS TO AUTHORS

It is not always possible to reach a definitive histopathological diagnosis in cases of subepithelial gastric tumors. In the present report, the patients no underwent preoperatively diagnostic endoscopic biopsies. Even if EUS-FNA is not always accurate I think, to achieve a definitive histopathological diagnosis, and thus make a better endoscopic and/or surgical plan, an endoscopic ultrasonography (EUS)-assisted deep biopsy should be carried out because of gastric cancer may be resemble infiltrating subepithelial tumor. As known, the standard surgical treatment for cT1cN+ and the potentially curable cT2-cT4 gastric cancer is a gastrectomy plus a D2 lymphadenectomy. Preoperatively; what is the criteria for rule out of gastric carcinoma in presented study especially for large tumors(as 5 cm)? . In my opinion; only evidence of EUS is insufficient and EUS-FNA should be tried more than one. Otherwise, may be move away from principles of oncological surgery. Authors should emphasize this point.