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ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 5470

Title: An effective and safe gastric endoscopic submucosal dissection in the right lateral position using an inverted overtube

Reviewer code: 01445135

Science editor: Wang, Jin-Lei

Date sent for review: 2013-09-11 19:17

Date reviewed: 2013-09-12 13:25

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A (Excellent)	<input checked="" 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"/> Existed	<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"/> No records	<input checked="" type="checkbox"/> Rejection
<input checked="" type="checkbox"/> Grade D (Fair)	<input type="checkbox"/> Grade D: rejected	<input type="checkbox"/> Existed	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)		<input type="checkbox"/> No records	<input type="checkbox"/> Major revision

COMMENTS TO AUTHORS

This case report showed usefulness of the right lateral position using inverted overtube for gastric ESD. I strongly interested in this instrument and thought its merit for the lesion located especially in gastric fornix. Major commnets 1. The presented case might not suitable for showing its usefulness because it is possible to change the distance and appropriate angle by changing scope, for example, multi bending double channel scope. Moreover, I thought that the scope used in the presented case might be multi bending scope. Is it wrong? 2. In case presentation, you should mentioned about short-term outcome of the treatment more clear; used devices, lesion size, macroscopic type), procedure time, and information about adverse events. 3. Most parts were seemed to overlap between INTRODUCTION and DISCUSSION. Authors should emphasize appeal point of this case report. Minor comments: 1. As for the difficulty of gastric ESD is mentioned in INTRODUCTION and DISCUSSION section with almost same sentence. Then reference No. should be placed at the former. 2. Tatsuo Yachida, listed in the author list in the title page, was disappeared in Author Contributions. Who is she/ he?



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ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 5470

Title: An effective and safe gastric endoscopic submucosal dissection in the right lateral position using an inverted overtube

Reviewer code: 01804208

Science editor: Wang, Jin-Lei

Date sent for review: 2013-09-11 19:17

Date reviewed: 2013-09-13 19:17

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	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"/> Existed	<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"/> No records	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D (Fair)		BPG Search:	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)	<input type="checkbox"/> Grade D: rejected	<input type="checkbox"/> Existed	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

COMMENTS TO AUTHORS

This paper describes an inverted overtube which could help perform gastric ESD when rotating the patients' position from left to right. Although the idea is interesting, there are still some problems as described below: 1. Before the ESD procedure, routine gastric endoscopy and CT should be performed which could confirm the definite position of the lesion. Why did you change the patients' position until marking the resection line rather than with right lateral position at the beginning? 2. If the patients were in the right lateral position, endoscopists could stand at the patients' right hand. Why do you need the inverted overtube? 3. You should provide some basis for how you can get advantage from the overtube? Do you have any scientific data, for example, complete resection, procedure time or post-procedural complications?



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ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 5470

Title: An effective and safe gastric endoscopic submucosal dissection in the right lateral position using an inverted overtube

Reviewer code: 01438559

Science editor: Wang, Jin-Lei

Date sent for review: 2013-09-11 19:17

Date reviewed: 2013-09-15 11:13

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	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"/> Existed	<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"/> No records	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D (Fair)		BPG Search:	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)	<input type="checkbox"/> Grade D: rejected	<input type="checkbox"/> Existed	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

COMMENTS TO AUTHORS

This is an interesting case report of the use of a novel inverted type overtube during endoscopic submucosal dissection in the stomach. There are several concerns among this manuscript. 1) The authors report the efficacy and safety based upon two cases. Since this is the first report among human subjects, what could be the expected objection or side effect in using this overtube. 2) There have been several ideas to facilitate ESD among lesions in difficult locations such as; using a multi-bending scope, using two endoscopes, using traction with clips or anchors. Discussion with these previous reports would be better to highlight the efficacy of this method. 3) The sentence in the introduction "difficulty depends on..." is repeated in the discussion. It would be better to clarify which difficult position is a good candidate to use this method in the discussion. 4) English editing is preferable.



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ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 5470

Title: An effective and safe gastric endoscopic submucosal dissection in the right lateral position using an inverted overtube

Reviewer code: 02540686

Science editor: Wang, Jin-Lei

Date sent for review: 2013-09-11 19:17

Date reviewed: 2013-09-18 15:23

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	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"/> Existed	<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"/> No records	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D (Fair)		BPG Search:	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)	<input type="checkbox"/> Grade D: rejected	<input type="checkbox"/> Existed	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

COMMENTS TO AUTHORS

1) Author made a conclusion that 1) the patient's position 'must' be altered in gastric ESD; 2) the use of the inverted overtube is the 'best' method; and 3) this new ESD technique is the 'most' effective way. However, I don't think it reasonable to make a such firm conclusions based on only two cases. In addition, I am now successfully performing ESD without changing patient's position in all cases. Therefore, please revise your conclusion in 'Discussion' part and 'core tip'. 2) In 'Introduction' part, author described that 'LC side of the lower body' was difficult location to perform ESD. I agree that it is sometimes difficult to approach the lesion and make lesions horizontal relative to electrosurgical knife at that location. In my case, however, I can easily overcome those difficulties by performing submucosal injection or manipulating endoscope or air insufflation in nearly all cases. Please discuss what is the advantage of inverted overtube technique over above-mentioned methods not requiring special device. 3) I think this inverted overtube technique would be beneficial for beginner rather than for expert



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ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 5470

Title: An effective and safe gastric endoscopic submucosal dissection in the right lateral position using an inverted overtube

Reviewer code: 02542060

Science editor: Wang, Jin-Lei

Date sent for review: 2013-09-11 19:17

Date reviewed: 2013-09-24 21:20

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	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"/> Existed	<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"/> No records	<input type="checkbox"/> Rejection
<input checked="" type="checkbox"/> Grade D (Fair)		BPG Search:	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)	<input type="checkbox"/> Grade D: rejected	<input type="checkbox"/> Existed	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

COMMENTS TO AUTHORS

In this paper, the author and coworkers describe the application of inverted overtube in ESD of early gastric cancer located in the lower body of the lesser curvature. Compared with the conventional ESD, the inverted overtube enabled endoscopist to perform ESD on patients lying in the right lateral position. I have these specific comments: 1) Before the ESD, some routine examination were performed to confirm the position and origin of the lesion, such as EUS or CT? 2) It is really novel technique, however, its efficacy and safety need to be confirmed in a carefully designed prospective study. Whether this technique could reduce procedure time, decrease complication rate or improve short-term outcome? This should be debated more critically. 3) Much of the information in Discussion is background information and could be abbreviated and moved to the Introduction