



**ESPS PEER REVIEW REPORT**

**Name of journal:** World Journal of Gastroenterology

**ESPS manuscript NO:** 13490

**Title:** The feasibility of endoscopic resection using band ligation for an esophageal tumor originating from the submucosa.

**Reviewer code:** 02542621

**Science editor:** Su-Xin Gou

**Date sent for review:** 2014-08-26 10:33

**Date reviewed:** 2014-09-06 17:55

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
[ ] Grade A: Excellent	[ ] Grade A: Priority publishing	Google Search:	[ ] Accept
[ ] Grade B: Very good	[ Y] Grade B: Minor language polishing	[ ] Existing	[ ] High priority for publication
[ ] Grade C: Good	[ ] Grade C: A great deal of language polishing	[ ] No records	[ ] Rejection
[ ] Grade D: Fair	[ ] Grade D: Rejected	BPG Search:	[ ] Minor revision
[ Y] Grade E: Poor		[ ] Existing	[ Y] Major revision
		[ ] No records	

**COMMENTS TO AUTHORS**

Reviewer comments to author: The purpose of this retrospective study is report a case series describing a single-center experience of endoscopic resection using band ligation for the removal of esophageal subepithelial tumors. Abstract and main text is clear and well organized but there are several issues with this paper that concerns: Several issues to comment: Major comments: - Title and main text (introduction, last line; patients and methods, last line of 1st paragraph) explains that esophageal tumor is originated from the submucosa layer ('an esophageal tumor originating from the submucosa, 'esophageal subepithelial region having originating from the submucosa', 'and confined to the submucosal layer as assessed by the EUS probe'). How can be explained that there were 4 leiomyomas at the histological examination?. Esophageal leiomyomas are defined as benign smooth muscle neoplasms,that are originated from the fourth layer (muscularis propia) and rarely from the second hypoechoic layer (muscularis mucosae on deep mucosa or lamina propia). But, it cannot be possible find a leiomyoma growing from the submucosa because non smooth muscle exits in the submucosal layer. - In 'patient and methods' section and figure 1 is commented that '18 hypoechoic was located submuocsal layer by EUS'. How is possible to explain that the was 1 lipoma diagnosed in this cohort?. By EUS, is well-known in the wide literature, that lipomas appears as intensely hyperechoic, homogeneous well-demarcated lesion located in the third echogenic layer, and only a non-homogeneous (as iso or hypoechoic) internal pattern can be seen if the tumor is large (and



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this is not the case, table 1; #4 case, lipoma, size 7mm). - Discussion section, 3rd paragraph. 'Most of the tumors were granular cell tumors', 'no generally accepted management of the tumor has yet been established because the precise natural course of the lesion is unknown'. Granular cell tumor (or myoblastic myoma or Abrikosov tumor), by EUS are homogeneously iso or hypoechoic lesions with smooth margins, originated from the second (muscularis mucosae) or third (submucosa) layers. They are benign tumors as the leiomyomas, and very rarely can be malignant. No guidelines recommend their endoscopic resection in asymptomatic patients. For these reasons, the message that this resection is safe and effective with an study of 15 cases, it can not be accepted. Minor comments: - The term 'submucosally' should be checked if it is correct (Patient and methods section, 2nd paragraph, line 4). - Figure 2, image B, EUS showed a hypoechoic lesion in the submucosal layer. The image B showed in this document, as I can see, is isoechoic (same echogenicity that the submucosal layer, clear grey colour, non dark), non hypoechoic (as the hypoechoic muscular propia, seen below the lesion).



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**Name of journal:** World Journal of Gastroenterology

**ESPS manuscript NO:** 13490

**Title:** The feasibility of endoscopic resection using band ligation for an esophageal tumor originating from the submucosa.

**Reviewer code:** 02953378

**Science editor:** Su-Xin Gou

**Date sent for review:** 2014-08-26 10:33

**Date reviewed:** 2014-09-07 13:19

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"/> Existing	<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	<input type="checkbox"/> Grade D: Rejected	BPG Search:	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input type="checkbox"/> Existing	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

**COMMENTS TO AUTHORS**

I really appreciate the effort done by done Joung et al in such interesting and nice study and the new procedure of endoscopic resection using band ligation (EMR-B) for the diagnostic and therapeutic removal of tumors originated from the submucosa and located in the esophagus that could replace surgery in certain circumstances. But I have some comments could be helpful for every one; 1-The title is attractive but it should be more specified ; The procedure is only used for lesions less than 1 cm ; should be considered in the Title 2- -The authors mention that (After exclusion of cystic and vascular lesions by EUS, endoscopic biopsies had been performed in these patients) and my wondering that why did not perform EUS-FNA to the suspected lesion??? 3- In my opinion we cannot consider the safety of the procedure in few number of only 15 cases and further evaluation should be performed

## ESPS PEER REVIEW REPORT

**Name of journal:** World Journal of Gastroenterology

**ESPS manuscript NO:** 13490

**Title:** The feasibility of endoscopic resection using band ligation for an esophageal tumor originating from the submucosa.

**Reviewer code:** 01202064

**Science editor:** Su-Xin Gou

**Date sent for review:** 2014-08-26 10:33

**Date reviewed:** 2014-09-09 16:44

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"/> Existing	<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	<input type="checkbox"/> Grade D: Rejected	BPG Search:	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input type="checkbox"/> Existing	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

### COMMENTS TO AUTHORS

In this article the Authors presented a study that aimed to evaluate the safety and the feasibility of endoscopic resection using band ligation (EMR-B) for the diagnostic and therapeutic removal of tumors located in the esophageal subepithelial region with origin from the submucosa. The manuscript and the subject matter are original, interesting and well presented. The main limitations are pointed out by the Author themselves: 1) The retrospective nature of the study. 2) The experience of the procedure limited at a single center. I have a few comments that may complement and enrich the text: - In the Patents and Methods section can be appropriate to mention how are performed the endoscopic procedures in the patients, whether with sedation or with general anesthesia. - In the Results section can be useful to extend the follow-up with more details, since even the table 1 cites the outcome. No recur after many years? The study considers a time between 2009 and 2014.



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## ESPS PEER REVIEW REPORT

**Name of journal:** World Journal of Gastroenterology

**ESPS manuscript NO:** 13490

**Title:** The feasibility of endoscopic resection using band ligation for an esophageal tumor originating from the submucosa.

**Reviewer code:** 01553211

**Science editor:** Su-Xin Gou

**Date sent for review:** 2014-08-26 10:33

**Date reviewed:** 2014-09-02 14:02

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"/> Existing	<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	<input type="checkbox"/> Grade D: Rejected	BPG Search:	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade E: Poor		<input type="checkbox"/> Existing	<input checked="" type="checkbox"/> Minor revision
		<input type="checkbox"/> No records	<input type="checkbox"/> Major revision

### COMMENTS TO AUTHORS

This is an interesting. The authors utilized band ligation to resect esophageal tumor. A few points need to be revised or clarified: 1. Table 1 is not informative. This could be omitted and described in the text. 2. Was there any incidence of fever after resection? Was antibiotics instituted? 3. Discussion Line 6, ysts ---. meaning? 4. A case of lipoma was noted. Was it found on biopsy? The necessity of resection is dubious. 5. --present Study's results--. Please revise this sentence. 6. Gastric Perforation after Banding ligation of gastric polyp has been ever reported. Please add this point in Discussion to warn against this potential hazard.



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**Name of journal:** World Journal of Gastroenterology

**ESPS manuscript NO:** 13490

**Title:** The feasibility of endoscopic resection using band ligation for an esophageal tumor originating from the submucosa.

**Reviewer code:** 02570299

**Science editor:** Su-Xin Gou

**Date sent for review:** 2014-08-26 10:33

**Date reviewed:** 2014-09-02 15:54

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 checked="" type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> Existing	<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
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<input type="checkbox"/> Grade E: Poor		<input type="checkbox"/> Existing	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

### COMMENTS TO AUTHORS

**Specific comments** I have some questions. There were no minor complications including chest pain or heart burn? This study is a retrospective review. Was this approved by the institutional review board? Was written informed consent obtained from the patients for all procedures? When the diet restarted after endoscopic resection? All presented cases were benign. Can the authors recommend the EMR-B for all esophageal subepithelial regions? Is it possible to take a wait-and-see approach? Please clarify the reasons in the discussion section.

**General comments** The paper provides interesting data but it still needs a considerable revision to be acceptable for WJG.



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**ESPS manuscript NO:** 13490

**Title:** The feasibility of endoscopic resection using band ligation for an esophageal tumor originating from the submucosa.

**Reviewer code:** 02542077

**Science editor:** Su-Xin Gou

**Date sent for review:** 2014-08-26 10:33

**Date reviewed:** 2014-09-02 21:45

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"/> Existing	<input type="checkbox"/> High priority for publication
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<input type="checkbox"/> Grade E: Poor		<input type="checkbox"/> Existing	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

### COMMENTS TO AUTHORS

I have some comments and questions. 1- In the figure 1 there are some acronyms undefined. 2- There are publications with the same technique that could be cited in the discussion. 3- It is necessary to review some typing errors. 4- The authors have data of minor complications, not mentioned? 5- The authors recommend this technique to any submucosal lesions, except vascular or cystic lesions?