



PEER-REVIEW REPORT

Name of journal: World Journal of Gastrointestinal Endoscopy

Manuscript NO: 38827

Title: Endoscopic diagnosis and treatment of superficial non-ampullary duodenal tumors

Reviewer’s code: 00044980

Reviewer’s country: Japan

Science editor: Li-Jun Cui

Date sent for review: 2018-03-23

Date reviewed: 2018-04-04

Review time: 11 Days

SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION	PEER-REVIEWER STATEMENTS
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	<input type="checkbox"/> Accept	Peer-Review:
<input type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language	(High priority)	<input checked="" type="checkbox"/> Anonymous
<input checked="" type="checkbox"/> Grade C: Good	polishing	<input type="checkbox"/> Accept	<input type="checkbox"/> Onymous
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of	(General priority)	Peer-reviewer’s expertise on the
<input type="checkbox"/> Grade E: Do not	language polishing	<input type="checkbox"/> Minor revision	topic of the manuscript:
publish	<input type="checkbox"/> Grade D: Rejection	<input checked="" type="checkbox"/> Major revision	<input type="checkbox"/> Advanced
		<input type="checkbox"/> Rejection	<input type="checkbox"/> General
			<input type="checkbox"/> No expertise
			Conflicts-of-Interest:
			<input type="checkbox"/> Yes
			<input type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS

This is a review article endoscopic diagnosis and treatment for superficial non-ampullary duodenal tumors. This manuscript is well written, however, I have several comments. 1. Authors mention that double-balloon enteroscopy was useful for



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maneuverability, but this method is insufficient. Please mention the reasons. 2. Duodenal ESD using a ST hood are conducted in some centers and are often conducted under general anesthesia for larger lesions. Please mention about them. Minor 1. Please change "complication" to "adverse events." 2. Please change "H.pylori" to "Helicobacter pylori (H.pylori)." 3. P13, line 22: Please change "If fact" to "In fact."

INITIAL REVIEW OF THE MANUSCRIPT

Google Search:

- The same title
- Duplicate publication
- Plagiarism
- No

BPG Search:

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- No



PEER-REVIEW REPORT

Name of journal: World Journal of Gastrointestinal Endoscopy

Manuscript NO: 38827

Title: Endoscopic diagnosis and treatment of superficial non-ampullary duodenal tumors

Reviewer’s code: 02445538

Reviewer’s country: Japan

Science editor: Li-Jun Cui

Date sent for review: 2018-03-28

Date reviewed: 2018-04-05

Review time: 8 Days

SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION	PEER-REVIEWER STATEMENTS
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	<input type="checkbox"/> Accept	Peer-Review:
<input type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language	(High priority)	<input checked="" type="checkbox"/> Anonymous
<input checked="" type="checkbox"/> Grade C: Good	polishing	<input type="checkbox"/> Accept	<input type="checkbox"/> Onymous
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		<input type="checkbox"/> Rejection	<input type="checkbox"/> General
			<input type="checkbox"/> No expertise
			Conflicts-of-Interest:
			<input type="checkbox"/> Yes
			<input type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS

Esaki et al. reviewed regarding the endoscopic diagnosis and treatment for superficial non-ampullary duodenal tumors (SNADETs). The manuscript is well written, and I enjoyed reading it. However, the manuscript needs to be modified as indicated below to



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which the authors should address to improve this paper. Comments: 1. Abstract: The authors described that a high-grade adenoma (HGA) should be treated because of its high malignant potential. What do you mean by “high malignant potential”? We think that SNADETs with histologically HGA should be also treated. 2. Page 6: The authors mentioned that FAP, smoking, colorectal neoplasm, or H. pylori infection was associated with the risk of SNADET. However, they described that the reported odds ratio for advanced colorectal neoplasm among patients with sporadic duodenal adenoma was 2.3-7.8. I cannot follow this meaning. Opposite meaning? For example, is it correct that odds ratio for SNADET among patients with advanced colorectal neoplasm was 2.3-7.8? 3. Pages 8-9: Diagnostic discrepancy among endoscopy, biopsy, and histology in the resected specimen by endoscopic treatment was described. So, what should we do for the diagnosis when we found SNADET during the daily procedure? I think that it is better to comment on this point. 4. Treatment for SNADET: Since ESD and LECS for the treatment of SNADET are not covered by national insurance in Japan, the authors should discuss on the high cost of those treatments. 5. Treatment for SNADET: One of the causes of difficulty of duodenal ESD is related to abundant blood vessels in the submucosal layer and a thin muscle layer in the duodenum (Matsuda Y, et al. World J Gastrointest Surg 2017; 9: 161-6.). Please cite this article. 6. Closure of the mucosal defect after ER: Please cite a recent report by Nishizawa et al (GIE 2018; 87: 1074-8.). Minor comments: 1. Revision by native speaker is recommended to improve a style of English.

INITIAL REVIEW OF THE MANUSCRIPT

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[Y] No

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[Y] No