



ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 21664

Title: Endoscopic ultrasonography: Transition towards the future of gastro-intestinal diseases

Reviewer's code: 00068723

Reviewer's country: Japan

Science editor: Jin-Xin Kong

Date sent for review: 2015-07-30 08:19

Date reviewed: 2015-08-10 20:27

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 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"/> Duplicate publication	
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Plagiarism	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade E: Poor	<input type="checkbox"/> Grade D: Rejected	<input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Minor revision
		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

This review discussed the whole aspects of EUS, and was well-organized. EUS-guided confocal laser endomicroscopy was informative and interesting. It was reasonable that successful drainage rate was the same between ERCP and EUS-BD, while complication rate was higher in EUS-BD than ERCP. It was reasonable but interesting that rate of pancreatitis was lower in EUS-BD. EUS-BD requires advanced skills, and its complication is severe. More detailed description of complications would be desirable. The readers should know the adverse events. How was the outcome of EUS-guided pancreatic fiducial placement for pancreatic cancer? Did the cancer volume reduce? How was the survival of the patients? Sampling of portal blood with EUS-FNA. How was the circulation tumor cells detected? Were they observed under a microscope? Was the sampled blood subjected to laboratory tests, such as carcinoembryonic antigen (CEA)? Was the sampled blood subjected to real-time quantitative PCR of tumor specific genes? As the authors mentioned, this technique was novel. Readers would know this technique in more detail.



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ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 21664

Title: Endoscopic ultrasonography: Transition towards the future of gastro-intestinal diseases

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Reviewer's country: China

Science editor: Jin-Xin Kong

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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 checked="" 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 checked="" 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

I congratulate the authors with a well done study to introduce the most up-to-date advances and cutting-edge technologies in the field of interventional EUS and EUS-guided confocal laser endomicroscopy. The paper is well written in good English and is easy to understand. To improve the quality of the EUS-FNA of solid lesions, Alizadeh AHM compared two techniques of EUS-FNA. The study should be included for up to date references. Alizadeh AHM, Hadizadeh M, Padashi M, et al. Comparison of two techniques for endoscopic ultrasonography fine-needle aspiration in solid pancreatic mass. Endoscopic Ultrasound 2014;3:174-178.

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 21664

Title: Endoscopic ultrasonography: Transition towards the future of gastro-intestinal diseases

Reviewer's code: 02445450

Reviewer's country: United States

Science editor: Jin-Xin Kong

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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
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<input type="checkbox"/> Grade E: Poor		<input 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 type="checkbox"/> No	

COMMENTS TO AUTHORS

This is a well-written review, especially on future possibilities of EUS-guided confocal laser endomicroscopy. 1. Because EUS-guided CLE is mainly emphasized in the abstract/introduction and most recently appeared in the clinical field, how about writing about CLE first? 2. Figure 1. Are there any other images to give us diagnosis of intraductal papillary mucinous neoplasm? If added, it might be of help for readers' understanding. 3. Figure 2. Are there any pathological figures corresponding this place? 4. Figure 3. How could you get the same surface when you made the histological specimen? 5. Figure 4/5. Are there any histological figures? In Figure 4, please put the size bar. Even without additional histological figures, this manuscript is considered to be fully worth publication.