

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 23642

Title: OLGA stage is more appropriate in predicting early gastric cancer than OLGIM stage and endoscopic gastric atrophy classification: a prospective study

Reviewer's code: 03476684

Reviewer's country: Italy

Science editor: Yuan Qi

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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 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 checked="" 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 aim of this study was to evaluate the characteristics of background mucosa in patients with early gastric cancer (EGC) by using different classifications (EGA, OLGA and OLGIM), to compare these three methods and select the optimal method for EGC screening. The main remark is that it is unclear how patients were recruited: screening program, symptomatic individuals, all individuals referred to endoscopic unit? Indeed, the frequency of patients with gastric neoplasms in this study was very high (71 EGC on a total number of 227 esophagogastroduodenoscopy performed in a 2-year period). How do the Authors explain the high rates of GC cases? Were some strict selection criteria adopted, besides those reported in Methods? In the selection criteria, patients with "severe systemic diseases" were excluded. Please clarify this point. Discussion is too long and with many numerical data to be omitted, please discuss mainly the most important results in light of current literature, potential clinical implications, strengths and weaknesses of the study. Some spelling should be corrected ("Diagnosises")