

ESPS PEER REVIEW REPORT

Name of journal: World Journal of Gastrointestinal Endoscopy

ESPS manuscript NO: 15008

Title: Optima management of biopsy-proven low-grade gastric dysplasia

Reviewer code: 02874819

Science editor: Yue-Li Tian

Date sent for review: 2014-11-04 18:47

Date reviewed: 2014-11-16 16:57

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	Google Search:	<input checked="" 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
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input type="checkbox"/> Existing	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input type="checkbox"/> No records	<input type="checkbox"/> Major revision

COMMENTS TO AUTHORS

Comment to authors The topic is of major interest considering the prognosis of gastric cancer In figure 1 should be inserted for extended low-grade dysplasia (LGD) I would add only that large clinical trials are needed to assess the long-term prognosis of patients with gastric LGD.

ESPS PEER REVIEW REPORT

Name of journal: World Journal of Gastrointestinal Endoscopy

ESPS manuscript NO: 15008

Title: Optima management of biopsy-proven low-grade gastric dysplasia

Reviewer code: 00505502

Science editor: Yue-Li Tian

Date sent for review: 2014-11-04 18:47

Date reviewed: 2014-11-17 09:14

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	<input type="checkbox"/> Existing	<input checked="" type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input type="checkbox"/> No records	<input type="checkbox"/> Major revision

COMMENTS TO AUTHORS

Dysplasia in the gastrointestinal tract is considered a carcinoma precursor and a marker of high cancer risk for the site where it is found. So there is no guideline for low-grade dysplasia (LGD). Though some past issues discussed treatments of LGD, their results were controversial. In this manuscript, you presented certainly appropriate treatment for LGD. Though those findings were very interesting, I have several concerns. 1. I suggest that you add concrete data regarding complications for both resection types in the MANAGEMENT part. You described that "intra-operative bleeding, perforation risk, and operation time were significantly greater for ESD", however I would like to ask you to explain specifically how much higher the risk was for each type of complication. 2. Does the position of the adenoma in the stomach change your tactics? Please add this aspect to your DISCUSSION part.