



ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 30175

Title: Risk factors for intraoperative perforation during endoscopic submucosal dissection of superficial esophageal squamous cell carcinoma

Reviewer's code: 00032528

Reviewer's country: Japan

Science editor: Yuan Qi

Date sent for review: 2016-09-18 09:09

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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"/> 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 type="checkbox"/> Minor revision
		BPG Search:	<input checked="" 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

General: In this study, the authors investigated to identify the risk factors for intraoperative perforation during ESD for esophageal squamous cell carcinoma and to clarify the subsequent clinical courses using 147 patients with 156 ESCC lesions. The incidence rate of intraoperative perforation was 5.8% and in multivariate analysis mucosal deficiency larger than 3/4ths the circumference of the esophagus was an independent risk factor for intraoperative perforation. Major comments: 1. The risk factors for esophageal squamous cell carcinoma are smoking and alcohol. Pleas add data of these parameters. 2. In this study, authors used a dual knife or an insulation-tipped diathermic knife. How about association with kinds of knife and intraoperative perforation? How did authors select kinds of knife? If authors decided kinds of knife according to tumor location, size and depth, the risk factors for intraoperative perforation during ESD for esophageal squamous cell carcinoma may include bias. 3. How about incidence rate of late perforation? If authors add to mention late perforation in this study, value of this study will increase. 4. This study retrospectively analyzed consecutive patients with esophageal cancer treated using ESD



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between April 2008 and October 2012. The institutional review board of our institution approved the study protocol in September 2014 (2014-119). Data from November 2012 to September 2014 was missing. 5. One of the indication criteria of ESD for esophageal cancer was that clinical depth invasion was limited within submucosal 1 (SM1). Is it acceptable in Japan? If so, you should add references (including guideline). 6. There was a strong correlation between maximum lesion dimension and mucosal deficiency, and so maximum lesion dimension was excluded from the multivariate analysis. Which parameter was appropriate to suggest as potential risk factor for intraoperative perforation during ESD for esophageal carcinoma? 7. In page 9. Of the 156 ESCC, 131 (83.9%) were intramucosal carcinomas and 25 (16.0%) were submucosal carcinomas. 84.0%? 8. Please delete data of range of procedure time. 9. Figures are not clear. If possible. Please replace clear pictures.



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ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

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Title: Risk factors for intraoperative perforation during endoscopic submucosal dissection of superficial esophageal squamous cell carcinoma

Reviewer's code: 02676071

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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 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 checked="" 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 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

- 1.If the patient was supposed to have high risk of perforation, which precaution would you do?
- 2.Does the lesion on the left side is a risk factor of perforation?