PEER-REVIEW REPORT

Name of journal: *World Journal of Gastrointestinal Oncology*

Manuscript NO: 84122

Title: Relationship between multi-slice computed tomography features and pathological risk stratification assessment in gastric gastrointestinal stromal tumors

Provenance and peer review: Unsolicited manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 06520120

Position: Peer Reviewer

Academic degree: MD, PhD

Professional title: Doctor

Reviewer's Country/Territory: Japan

Author's Country/Territory: China

Manuscript submission date: 2023-03-09

Reviewer chosen by: AI Technique

Reviewer accepted review: 2023-03-13 01:30

Reviewer performed review: 2023-03-20 01:45

Review time: 7 Days

Scientific quality	[ ] Grade A: Excellent [ ] Grade B: Very good [Y] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish
Novelty of this manuscript	[ ] Grade A: Excellent [Y] Grade B: Good [ ] Grade C: Fair [ ] Grade D: No novelty
Creativity or innovation of this manuscript	[ ] Grade A: Excellent [Y] Grade B: Good [ ] Grade C: Fair [ ] Grade D: No creativity or innovation

Scientific significance of the conclusion in this manuscript	[ ] Grade A: Excellent [Y] Grade B: Good [ ] Grade C: Fair [ ] Grade D: No scientific significance
Language quality	[ ] Grade A: Priority publishing [Y] Grade B: Minor language polishing [ ] Grade C: A great deal of language polishing [ ] Grade D: Rejection
Conclusion	[ ] Accept (High priority) [ ] Accept (General priority) [Y] Minor revision [ ] Major revision [ ] Rejection
Re-review	[Y] Yes [ ] No
Peer-reviewer statements	Peer-Review: [Y] Anonymous [ ] Onymous
	Conflicts-of-Interest: [ ] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

The article is in generally well done. 1- The manuscript adequately described the background, presented status and significance of the study. 2- The manuscript described Materials and methods (e.g., Patients, CT imaging acquisition, Imaging analysis and Statistical analysis, etc.) in adequate detail. 3- The research objectives are achieved by the experiments used in this study. This study selected 147 patients with histologically confirmed primary gastric GISTs to explore the MSCT imaging features for predicting risk stratification in patients with primary gastric GISTs. 4- The manuscript interpreted the findings adequately and appropriately, highlighting the key points concisely, clearly and logically. 5- Manuscript included sufficient, good quality Figures and Tables. 6- The manuscript cited appropriately the latest, important and authoritative references in the introduction and discussion sections. 7- The manuscript is well, concisely and coherently organized and presented and the style, language and grammar are accurate and appropriated. However, further editing and proofreading are needed to maintain the best sense of reading.

PEER-REVIEW REPORT

Scientific quality	[ ] Grade A: Excellent [Y] Grade B: Very good [ ] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish
Novelty of this manuscript	[ ] Grade A: Excellent [Y] Grade B: Good [ ] Grade C: Fair [ ] Grade D: No novelty
Creativity or innovation of this manuscript	[ ] Grade A: Excellent [Y] Grade B: Good [ ] Grade C: Fair [ ] Grade D: No creativity or innovation

Scientific significance of the conclusion in this manuscript	[ ] Grade A: Excellent　　[Y] Grade B: Good　　[ ] Grade C: Fair　[ ] Grade D: No scientific significance
Language quality	[Y] Grade A: Priority publishing　[ ] Grade B: Minor language polishing　[ ] Grade C: A great deal of language polishing　[ ] Grade D: Rejection
Conclusion	[ ] Accept (High priority)　[ ] Accept (General priority)　[Y] Minor revision　[ ] Major revision　[ ] Rejection
Re-review	[Y] Yes　[ ] No
Peer-reviewer statements	Peer-Review: [Y] Anonymous　[ ] Onymous
	Conflicts-of-Interest: [ ] Yes　[Y] No

SPECIFIC COMMENTS TO AUTHORS

General comments: Dr. Wang TT et al. investigated the relationship between multi-slice computed tomography features and pathological risk stratification assessment in gastric gastrointestinal stromal tumors. The article is informative and well presentation. Their research demonstrated that the tumor size, contour, presence of necrosis or cystic generation, ulceration and lymphadenopathy, tumor growth pattern and enhancement pattern were significant factors for risk stratification of GISTs. The study provided valuable information for Selection of preoperative neoadjuvant therapy and surgical methods for patients with GIST. I recommend it to be published in this journal.

Scientific quality	[ ] Grade A: Excellent [Y] Grade B: Very good [ ] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish
Novelty of this manuscript	[ ] Grade A: Excellent [Y] Grade B: Good [ ] Grade C: Fair [ ] Grade D: No novelty
Creativity or innovation of this manuscript	[ ] Grade A: Excellent [Y] Grade B: Good [ ] Grade C: Fair [ ] Grade D: No creativity or innovation

Scientific significance of the conclusion in this manuscript	[ ] Grade A: Excellent [Y] Grade B: Good [ ] Grade C: Fair [ ] Grade D: No scientific significance
Language quality	[Y] Grade A: Priority publishing [ ] Grade B: Minor language polishing [ ] Grade C: A great deal of language polishing [ ] Grade D: Rejection
Conclusion	[ ] Accept (High priority) [ ] Accept (General priority) [Y] Minor revision [ ] Major revision [ ] Rejection
Re-review	[Y] Yes [ ] No
Peer-reviewer statements	Peer-Review: [Y] Anonymous [ ] Onymous
	Conflicts-of-Interest: [ ] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

In this study, 147 cases of gastric GISTs were retrospectively analyzed and the CT features such as location, size, contour, necrosis or cystic degeneration, ulceration, growth pattern, lymphadenopathy and contrast enhancement were correlated with the risk and prognosis of malignancy. The manuscript is well designed and written. The introduction gives a good overview about the topic and the procedures are precisely described. The results were well discussed. Authors demonstrated that the qualitative and quantitative features of gastric GISTs on CECT may be favorable for preoperative risk stratification. This may provide a simple yet effective tool for clinicians to make appropriate clinical decisions regarding preoperative neoadjuvant treatment and the choice of surgical procedure.