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Flat C, 23/F., Lucky Plaza,  
315-321 Lockhart Road,  
Wan Chai, Hong Kong, China

## ESPS Peer-review Report

**Name of Journal:** World Journal of Gastroenterology

**ESPS Manuscript NO:** 6740

**Title:** Endoscopic submucosal dissection for undifferentiated-type early gastric cancer: Do we have enough data to support this?

**Reviewer code:** 02537509

**Science editor:** Zhai, Huan-Huan

**Date sent for review:** 2013-10-29 10:51

**Date reviewed:** 2013-11-17 19:37

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	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"/> Existed	<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)		BPG Search:	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)	<input type="checkbox"/> Grade D: rejected	<input type="checkbox"/> Existed	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

## COMMENTS TO AUTHORS

Excellent review on endoscopic submucosal dissection



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**Name of Journal:** World Journal of Gastroenterology

**ESPS Manuscript NO:** 6740

**Title:** Endoscopic submucosal dissection for undifferentiated-type early gastric cancer: Do we have enough data to support this?

**Reviewer code:** 00028922

**Science editor:** Zhai, Huan-Huan

**Date sent for review:** 2013-10-29 10:51

**Date reviewed:** 2013-11-25 03:39

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"/> Existed	<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	BPG Search:	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)		<input type="checkbox"/> Existed	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

## COMMENTS TO AUTHORS

Dear authors, thank you very much for this interesting manuscript. This is an important issue for all endoscopists performing ESD. I am convinced that if the manuscript would be shortened, including the very long list of references, it would be more easy to read. Also, e.g. on page 4, you have mentioned that the role of ESU is mainly to differentiate between mucosal and submucosal lesions. I would not support this comment. In daily practice, EUS is mainly used to rule out deep wall invasion or at least proper muscle layer invasion. Because after that, ESD can be carried out without a high risk of perforation. The role of EUS is primarily to rule out LN metastasis. Please change the text accordingly or at least discuss.



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**Name of Journal:** World Journal of Gastroenterology

**ESPS Manuscript NO:** 6740

**Title:** Endoscopic submucosal dissection for undifferentiated-type early gastric cancer: Do we have enough data to support this?

**Reviewer code:** 00160394

**Science editor:** Zhai, Huan-Huan

**Date sent for review:** 2013-10-29 10:51

**Date reviewed:** 2013-11-25 15:36

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 type="checkbox"/> Grade B: minor language polishing	<input type="checkbox"/> Existed	<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"/> Existed	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)		<input type="checkbox"/> No records	<input type="checkbox"/> Major revision

## COMMENTS TO AUTHORS

I would like to ask you that you should add the references about NBI findings on esrly poorly adenocarcinoma. It is important factor recently to diagnose accuracy.



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**Name of Journal:** World Journal of Gastroenterology

**ESPS Manuscript NO:** 6740

**Title:** Endoscopic submucosal dissection for undifferentiated-type early gastric cancer: Do we have enough data to support this?

**Reviewer code:** 02529720

**Science editor:** Zhai, Huan-Huan

**Date sent for review:** 2013-10-29 10:51

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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 type="checkbox"/> Grade B: minor language polishing	<input type="checkbox"/> Existed	<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	BPG Search:	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)		<input type="checkbox"/> Existed	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

## COMMENTS TO AUTHORS

This review by Shim et al summarizes the current clinical routine and state of research regarding the endoscopic resection of undifferentiated early gastric cancers. In sum, this is a comprehensive and important review about the different approaches to treat UD-EGC. The review is mostly clearly written and the figures nicely summarize the literature and current knowledge. I have only a few minor comments that should be considered: Page 6, lower paragraph: ?Concerning lesion, add: Concerning lesion size, ..... The Section ?Risk factors for LN metastasis and proposed criteria for ESD? : Please consider subheadings in this paragraph, as this will enable the reader to clearly understand the different points: e.g. i) Lesion size, ii) invasion, iii) ulceration, iv) lymphovascular invasion p7: ?Ulceration within the lesion is the representative index regarding heterogeneity in definition. More than moderate heterogeneity was identified at previous meta-analysis? I do not understand these two sentences. This should be re-formulated. Do the authors mean that ulcerations appear heterogeneously and are therefore often misjudged by the observer? The authors should mention and discuss the current recommendations for endoscopically resected UD-EGC where lymphovascular invasion has been detected histologically. Surgical resection? Second endoscopic resection, or surveillance? What time interval if surveillance? The authors should briefly mention the recommended surveillance/observation follow-up after successful resection of UD-EGC, is there a difference to well differentiated early gastric cancers? The authors should also discuss the clinical decision making (endoscopy versus surgery) regarding patient age and co-morbidities. Are there data comparing quality of life and complication rates between endoscopy and surgery. Along these lines, is there any evidence that younger patients or even sex determines the invasiveness of



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early gastric cancer. Interestingly, table 3 shows the highest rate of SM invasion and ulcers in relatively young patients (56.7 years). Should younger patients therefore receive a more aggressive treatment approach? Is there a reason why table 2 does not include European papers that are cited in the reference section otherwise (e.g. ref 20 and 21)? The references need corrections, e.g. author names (see ref 1), some include PMID numbers, or PMID numbers and DOI, others neither of them.