

ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 7046

Title: Sentinel lymph node navigation surgery using indocyanine green and infrared ray laparoscopy system for early stage gastric cancer

Reviewer code: 00053659

Science editor: Qi, Yuan

Date sent for review: 2013-11-02 20:08

Date reviewed: 2013-11-04 00:53

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)		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

Mitsumori et al reviewed sentinel node navigation surgery (SNNS) in early gastric cancer using Indocyanine Green (ICG) as a tracer, combined with Infrared Ray Electronic Endoscopes (IREE) to detect sentinel lymph node (SLN). The manuscript is well written and informative for planning future surgical strategy against early gastric cancer. However, the manuscript is not totally following instructions and needs to give more valuable information. In addition, I concerned about which spaces among the sentences are varied and they should be uniformed. Standard abbreviations should be defined in the abstract and on first mention in the text. I suggest that you should show the more clinical results such as diagnostic accuracy and specificity in Table 1. Furthermore, if you could mention about the prognosis after surgery, it would be more valuable. Minor point: In page 3, dadioisotopes may be radioisotopes.

ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 7046

Title: Sentinel lymph node navigation surgery using indocyanine green and infrared ray laparoscopy system for early stage gastric cancer

Reviewer code: 00742244

Science editor: Qi, Yuan

Date sent for review: 2013-11-02 20:08

Date reviewed: 2013-11-10 08:11

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 checked="" 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 type="checkbox"/> Grade C (Good)	<input type="checkbox"/> Grade C: a great deal of	<input type="checkbox"/> No records	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D (Fair)	language polishing	BPG Search:	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade E (Poor)	<input type="checkbox"/> Grade D: rejected	<input type="checkbox"/> Existed	<input checked="" type="checkbox"/> Minor revision
		<input type="checkbox"/> No records	<input type="checkbox"/> Major revision

COMMENTS TO AUTHORS

Manuscript_20131101090831.docx I enjoyed to review this paper on sentinel node navigation surgery (SNNS) in early gastric cancer. The paper is well written, with a comprehensive systematic review of the literature. The authors described in details and using figures their new technique. The only recommendation is to also report in details their results: how many patients so far, which agreement with pathological assessment, reasons of false negative or false positive and so on.

ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 7046

Title: Sentinel lymph node navigation surgery using indocyanine green and infrared ray laparoscopy system for early stage gastric cancer

Reviewer code: 00057645

Science editor: Qi, Yuan

Date sent for review: 2013-11-02 20:08

Date reviewed: 2013-11-14 19:14

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 checked="" 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 type="checkbox"/> Grade C (Good)	<input type="checkbox"/> Grade C: a great deal of	<input type="checkbox"/> No records	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D (Fair)	language polishing	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

Dr. Mitsumori and colleagues analyzed the current literature and their experience on sentinel lymph node biopsy (SNLB) in the treatment of gastric cancer (GC). The study is interesting, inclusive and well written. The only concern is about the real utility and possibility to test and adopt adequately SLNB in Western countries. This technique has to be investigated, especially in the context and perspective of minimally invasive surgery, in the treatment of early forms. In regards, the authors should consider and mention that this technique fits well for Japanese and Korean experiences where EGC is frequently treated, but it results more difficult to apply in Europe and United States where the number of EGC represents less than 15%. I think this aspect should be well specified in the text.