

ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 7178

Title: Impact of tumor location on clinical outcomes of gastric endoscopic submucosal dissection

Reviewer code: 01527216

Science editor: Zhai, Huan-Huan

Date sent for review: 2013-11-08 17:30

Date reviewed: 2013-12-16 11:24

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

This is an interesting study regarding on the technical aspect of gastric ESD, focused on the tumor location. The number of the subject are large and the analysis are simple with clear results.

ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 7178

Title: Impact of tumor location on clinical outcomes of gastric endoscopic submucosal dissection

Reviewer code: 02732372

Science editor: Zhai, Huan-Huan

Date sent for review: 2013-11-08 17:30

Date reviewed: 2014-01-05 22:59

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 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 checked="" 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

The manuscript presented is a retrospective single-center study with an adequate sample size. In the literature there are many papers the most comprehensive and up to date. The study shows a wide experience in a relatively short period and offers an interesting discussion but has similar experience to other groups. But....Limitations of this study include the fact that does not describe the follow-up. Although the authors report a limited follow-up, in all the manuscript is completely missing the point in time at follow-up. The definition of follow-up is essential to evaluate overall and disease-free survival rates. The abstract is written in a linear stile. It reports the case study and data localization, but it isn't conclusive and does not show interesting conclusions. It does not report data on the instrumental equipment as endoscopes, biopsy forceps, echo-endoscopes, hemostatic forceps, needle knife or an argon plasma coagulation probe which have been used. This is a broad discussion. The authors describe the highlights of their considerations, however, limited to only discuss perforation and bleeding such as post-operative complications. There is no reference to follow-up or recurrence. The discussion is not clear, however, if there is a strong clinical correlation between the tumor site and the method applied. The references are not updated. In conclusion, the authors should: 1. define the follow-up 2. report guidelines 3. in materials and methods section defined instrumentation and equipment and complications 4. in discussion, better define the objectives of the work done in the discussions. in particular the relationship between the site and the possibility of site-recurrence, as well as incomplete resection, and better define the complications and their relationship 6. update the bibliography