

ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 8252

Title: Endoscopic Submucosal Tunnel Dissection Salvage Technique for Ulcerative Early Gastric Cancer

Reviewer code: 02542046

Science editor: Zhai, Huan-Huan

Date sent for review: 2013-12-22 23:23

Date reviewed: 2013-12-28 15:15

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

Dear the authors Re: "Endoscopic Submucosal Tunnel Dissection Salvage Technique for Ulcerative Early Gastric Cancer" In this case report, endoscopic submucosal tunnel dissection (ESTD) was applied to treat ulcerative early gastric cancer (EGC) with submucosal fibrosis. And it was shown that usefulness of ESTD for ulcerative EGC with submucosal fibrosis where we had some difficulties to resect the lesions by the conventional ESD. This is an interesting case report, but I have a few comments; Comments 1. Application of ESTD to ulcerative EGC is a kind of novel technique. One of the most important things is to show how ESTD procedure was actually carried out in the present case, which must be curious to readers. Although a schema of procedure was presented in Figure 3, it might not be sufficient for readers to understand the procedure. Endoscopic photographs during ESTD procedures should be also included in the Figure. In addition, if possible, a supplemental video will be recommend. 2. Figures seemed to be disorganized. Figures 1 and 2 may be integrated into one Figure. As mentioned above, Figure 3 will be modified. Figures 4a, 4b and 5 may be integrated into one Figure. Also, the pathological results shown in Figures 4a and 4b are poorly presented. Minor comments 1. 'Figure 4A and B' should be changed to 'Figures 4A and 4B'. 2. In Figure 2, an arrow seemed to indicate 5th layer. Please correct the position of the arrow.

ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 8252

Title: Endoscopic Submucosal Tunnel Dissection Salvage Technique for Ulcerative Early Gastric Cancer

Reviewer code: 01047575

Science editor: Zhai, Huan-Huan

Date sent for review: 2013-12-22 23:23

Date reviewed: 2013-12-30 21:48

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)	<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 case-report study reported the clinical outcomes of two EGC patients with submucosal invasion or fibrosis who received ESTD, which was not suitable for ESD. The results showed that ESTD is effective and safe for EGC. However, the two patients were both old-aged and the follow-up time was too short. Therefore, ESTD may be used as a new method for the treatment of EGC with submucosal invasion or fibrosis, but more studies are needed before it is widely applied in clinics.

ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 8252

Title: Endoscopic Submucosal Tunnel Dissection Salvage Technique for Ulcerative Early Gastric Cancer

Reviewer code: 02536416

Science editor: Zhai, Huan-Huan

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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 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 type="checkbox"/> Grade D (Fair)	<input type="checkbox"/> Grade D: rejected	<input type="checkbox"/> Existed	<input type="checkbox"/> Minor revision
<input checked="" type="checkbox"/> Grade E (Poor)		<input type="checkbox"/> No records	<input checked="" type="checkbox"/> Major revision

COMMENTS TO AUTHORS

The authors reported their experience of ESTD for ulcerative early gastric cancer. Although the cases were ulcerative early gastric cancer with fibrosis, the diameters of both cases were <3cm based on the definition by Gotoda. If the authors would like to report their experience, detail of the clinical backgrounds of the cases should be mentioned clearly. If the authors consider that their cases suggested the possibility to expand conditions of ESD, they should clarify their successive technique for ESTD should be clarified. In the last page, references of previous studies should be shown.