

ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 6658

Title: Sedation management with high safety and satisfaction level during endoscopic treatment for early gastric cancer

Reviewer code: 00506211

Science editor: Ma, Ya-Juan

Date sent for review: 2013-10-27 12:45

Date reviewed: 2013-11-05 06:03

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 checked="" 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

I reviewed the article "Sedation management with high safety and satisfaction level during endoscopic treatment for early gastric cancer" The author is reviewing the safe method of conscious sedation during endoscopic procedures. - The author does not propose a clear plan of reviewing different gastric endoscopic treatments and the customized anesthesia protocol - based on length of surgery, patient ASA classification and access to qualified personnel. - No clear primary objective and end points specified in the introductory part, motivating the need of this review. - The conclusion should be more elaborated based on his references. Minor revisions: - To explain "piecemeal" surgical significance. - To explain the difference between "safe sedation" vs. "safer sedation" when the author conclude that "Further evaluation is necessary for safer sedation management." - The manuscript needs a general review of paragraphs construction - consistency, point of view, structure.

ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 6658

Title: Sedation management with high safety and satisfaction level during endoscopic treatment for early gastric cancer

Reviewer code: 02542021

Science editor: Ma, Ya-Juan

Date sent for review: 2013-10-27 12:45

Date reviewed: 2013-11-14 11:00

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 checked="" type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

COMMENTS TO AUTHORS

Overall, general points were well reviewed in this article. There were some points of consideration. 1. The conclusion or primary objective is vague. If author’s main objective is the merit of propofol, the review should give enough reasons of the merits of propofol with introducing comparative studies. Comparisons of various methods for sedation in detail are more attractive for readers than long description of sedation procedure of propofol. In addition, the overall structure of manuscript for drawing the conclusion is weak. The abstract and conclusion need to be revised for clear objective. 2. For reader’s easy understandings, some additive methods such as tables or figures would be helpful. 3. The explanation of endoscopic treatment and procedures seems to be long. 4. The evidence for improvement of patient satisfaction or quality of life when using propofol is lack. Related reference or objective evidence should be suggested. 5. Because the benefit of propofol during ERCP had been reported previously in some reports, the conclusion needs to be revised.

ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 6658

Title: Sedation management with high safety and satisfaction level during endoscopic treatment for early gastric cancer

Reviewer code: 02519158

Science editor: Ma, Ya-Juan

Date sent for review: 2013-10-27 12:45

Date reviewed: 2013-11-18 01:13

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

Review of article: "Sedation management with high safety and satisfaction level during endoscopic treatment of early gastric cancer" Overall it is interesting topic, worthy of publication in World Journal of Gastroenterology. Sedation and pain management in endoscopic treatment make considerable problems in practice of surgeons and anesthesiologists in gastroenterology. However, I would like to make some comments on the following points: 1) The title of article does not seem to correspond to the subject of paper. The sedation management of gastric cancer may be performed by many anesthetics (fentanyl, dexmedetomidine hydrochloride) while in article only management by propofol and midazolam is presented. It will be better if authors compare propofol management with use of any other anesthetics or make the title more precise e.g. "Sedation (...) with use of propofol comparing to midazolam". 2) The chapters "Endoscopic treatment (...)" and "The difference (...)" could be shorten and combine with each other whereas information on pharmacological sedation should be described more thoroughly, because this is main subject of this article. It is also necessary to clearly present the risk/benefit ratio of preferred management methods if it is a method "with high safety and satisfaction level" as was claimed by the authors. 3) The chapter "Indication of sedation" could be combined with chapter "need for sedation" or generally removed. I am not sure it adds anything to the paper. 4) I suggest to supplement this article in published recently in literature relevant to the topic, such as: a) Adamina M. et al. Contemporary perioperative care strategies. British Journal of Surgery 2013; 100: 38-54 b) Triantafillidis JK et al. Sedation in gastrointestinal endoscopy: current issues. World J Gastroenterol 2013; 19: 463-481 c)

Tavare AN et al. Cancer recurrence after surgery: direct and indirect effects of anesthetic agents. *Int J Cancer* 2012; 130: 1237-1250 d) Rong Q-H et al. Feasibility and safety of endoscopic submucosal dissection of esophageal or gastric carcinomas under general anesthesia. *Med Princ Pract* 2013; 22: 280-284 e) Sasaki T et al. Recommended sedation and intraprocedural monitoring for gastric endoscopic submucosal dissection. *Digestive Endoscopy* 2013; 25 (Suppl. 1): 79-85 f) Chun SY et al. Safety and efficacy of deep sedation with propofol alone or combined with midazolam administered by nonanesthesiologist for gastric endoscopic submucosal dissection. *Gut and Liver*, 2012; 6: 464-470 g) Wang D et al. The use of propofol as a sedative agent in gastrointestinal endoscopy: a meta-analysis. *PLOS One* 2013; 8: e53311 h) Zuo X-L et al. Propofol vs midazolam plus fentanyl for upper gastrointestinal endomicroscopy: a randomized trial. *World J Gastroenterol* 2012; 18: 1814-1821 i) Takimoto K et al. Sedation with dexmedetomidine hydrochloride during endoscopic submucosal dissection of gastric cancer. *Digestive Endoscopy* 2011; 23: 176-181 j) Zhou L?W et al. Effect of tramadol on perioperative immune function in patients undergoing gastric cancer surgeries. *Anesthesia: Essays and Researches* 2013; 7: 54-57 5) The article contains a few typographical and grammar mistakes. For examples, on the 3 line 4 at the top should be “management” and not “managemant”. According to me, it will be better to write in the title “management of high safety” instead of “management with high safety”. It would be a good idea to have the paper corrected by a native speaking specialist. I recommend this article for publication in *World Journal of Gastroenterology* after adequate corrections according to comments above.

ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 6658

Title: Sedation management with high safety and satisfaction level during endoscopic treatment for early gastric cancer

Reviewer code: 00913069

Science editor: Ma, Ya-Juan

Date sent for review: 2013-10-27 12:45

Date reviewed: 2014-01-27 03:59

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

COMMENTS TO AUTHORS

This paper has a lot of main criticism to be made: 1) the search strategy is very limited, including one only electronic library 2) a flow chart of search should be included 3) reference is not given to evidence levels and grade of recommendations 4) statistical analysis is completely lacking (such as meta-analysis) Minor points: 1) Endoscopic treatment for gastric cancer is not the main topic of this article and should not have a whole paragraph 2) too many chapters are included



ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 6658

Title: Sedation management with high safety and satisfaction level during endoscopic treatment for early gastric cancer

Reviewer code: 02528717

Science editor: Ma, Ya-Juan

Date sent for review: 2013-10-27 12:45

Date reviewed: 2014-02-10 15:08

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input checked="" type="checkbox"/> Grade A (Excellent)	<input checked="" type="checkbox"/> Grade A: Priority Publishing	Google Search:	<input checked="" 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)		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

Revised form is OK

ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 6658

Title: Sedation management with high safety and satisfaction level during endoscopic treatment for early gastric cancer

Reviewer code: 00041401

Science editor: Ma, Ya-Juan

Date sent for review: 2013-10-27 12:45

Date reviewed: 2014-02-11 19:15

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	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 Author, ESD is being performed more commonly for EGC. Sedation is a very important part of the procedure. This review is pointing this important issue in endoscopic treatment. Thank you for your work.

ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 6658

Title: Sedation management with high safety and satisfaction level during endoscopic treatment for early gastric cancer

Reviewer code: 01333284

Science editor: Ma, Ya-Juan

Date sent for review: 2013-10-27 12:45

Date reviewed: 2014-02-12 04:40

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A (Excellent)	<input type="checkbox"/> Grade A: Priority Publishing	Google Search:	<input checked="" 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 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

Kiriyama et al in their manuscript entitled "Propofol sedation during endoscopic treatment for early gastric cancer compared to midazolam provide a thoughtful and well organized review of an important topic.