

ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 10012

Title: Endoscopic features suggesting gastric cancer in biopsy-proven gastric adenoma with high-grade neoplasia

Reviewer code: 00503824

Science editor: Qi, Yuan

Date sent for review: 2014-03-08 20:55

Date reviewed: 2014-03-11 08:03

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 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 a retrospective study of patients with gastric lesions where biopsies showed gastric adenoma with high-grade dysplasia. Half of these patients turned out to have cancer and endoscopic features in this group were compared with those who didn't have cancer. Major comments: · It has already been shown that, as the authors indicate, lesions greater than 1 cm, a depressed lesion and mucosal erythema are predictive for cancer. How does this study add to what is already known? · The authors claim that size, nodularity and macroscopic type are not predictive factors for cancer. Is it possible that these observations are due to a type 2 error due to the sample size? · Even if the endoscopic features of ulceration and red colour change are found, how will this change management, as the lesion needs to be excised anyway? · What types of endoscopies and processors were used? Were they magnifying endoscopes? High definition? · A photo of a red colour change would be very helpful. · Although the authors describe the Paris classification in their Methods, it is not presented in their results. Minor comments: · The abstract needs to have a brief background to the rationale of the study. · Abstract and methods: the two comparative groups need to be defined. · Methods, study population: what does it mean by informed consent was "waived"? · The authors themselves indicate that biopsies can result in submucosal lesion fibrosis making endoscopic resection difficult. Can a case be made for not biopsying but relying on endoscopic features alone for diagnostic purposes? · Figure 1: what is the difference between A and B?

ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 10012

Title: Endoscopic features suggesting gastric cancer in biopsy-proven gastric adenoma with high-grade neoplasia

Reviewer code: 02542095

Science editor: Qi, Yuan

Date sent for review: 2014-03-08 20:55

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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 checked="" 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)		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

This is a retrospective study trying to demonstrate the high rate of carcinomas which have been characterized as high grade neoplasms on forceps biopsies. The pathological diagnoses of these lesions are very difficult. There are some of the comments described as follows

1. The authors did not clarify who made pathological diagnoses. All the histopathological findings (of both biopsies and resected specimens) need to be reviewed by one or two experienced pathologists who are blind to both initial diagnosis and the clinical findings when the authors conduct such studies.
2. It is very difficult to distinguish among category 4-1 high grade dysplasia, 4-2 non-invasive carcinoma and 4-4 intramucosal carcinoma according to the revised Vienna classification. The authors should show a case upgraded to cancer or downgraded to low grade adenoma with pathological findings of both forceps biopsies and resected specimens.
3. The reference (number; 13, Min BH et al.) that the authors cited also determined the category of gastric epithelial neoplasia according to the revised Vienna classification. It should be presented in "Histologic procedure".
4. Mucosal high grade neoplasia according to Vienna classification is recommended for endoscopic or surgical resection. And previous reports showed that HGN on forceps biopsies was one of the predictors of carcinomas. What HGN on forceps biopsies is a candidate for not resection and follow up. If this point was clear, endoscopic findings might help to guide treatment in patients with HGD on forceps biopsies.
5. This study demonstrated that only 14% of high grade neoplasms by initial diagnosis was downgraded to low grade neoplasms after endoscopic resection. More than 85% of them were classified to category 4 before and after total biopsy. Although the authors mentioned that endoscopic findings might help to guide treatment in patients with HGD, I do not think that



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endoscopic findings would change treatment strategies for these lesions in this study because of this high rate of category 4 after resection. 6. The study from Min Kyu Jung et al (Surg Endosc (2008) 22:2705-2711) and Akiyoshi Kasuga et al (Digestive Endoscopy (2012) 24, 331-338) should be added in the references and discussed.