

ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 7224

Title: Long-term survival after enucleation of a giant esophageal gastrointestinal stromal tumor

Reviewer code: 02549361

Science editor: Zhai, Huan-Huan

Date sent for review: 2013-11-09 19:29

Date reviewed: 2013-11-23 06:19

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 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

Overall I find the paper of interest for the large size of the lesion identified, the treatment proposed, and the long follow-up. Comments: 1) Please revise manuscript for language polishing, there are several imprecisions (EUS is spelled ESU) and language flaws throughout abstract/case report and discussion. Example: Abstract section: 29 yo male was successfull 2) Discussion: Gulen ect should be Gulen et al 3) References George D and Ronald P should be cited appropriately (no first names) and referenced appropriately. See attached edited manuscript.

ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 7224

Title: Long-term survival after enucleation of a giant esophageal gastrointestinal stromal tumor

Reviewer code: 02736415

Science editor: Zhai, Huan-Huan

Date sent for review: 2013-11-09 19:29

Date reviewed: 2013-11-29 00:50

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

Whilst a large oesophageal GIST and the excellent outcome are rare and worth reporting, the pathologic diagnosis of GIST is not convincing from the images submitted. Only scattered cells are CD117 positive and they could even be mast cells. PDGFRA is again just a faint brown blush and does not seem a specific staining. CD34 is only marking the endothelial cells and is not positive in the spindle tumour cells. The morphology is highly suggestive of a leiomyoma and this being the more common tumour in this location, a leiomyoma needs to be completely excluded with stains for smooth muscle actin, desmin and calponin.

ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 7224

Title: Long-term survival after enucleation of a giant esophageal gastrointestinal stromal tumor

Reviewer code: 00050420

Science editor: Zhai, Huan-Huan

Date sent for review: 2013-11-09 19:29

Date reviewed: 2013-12-05 14:23

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	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

The author reported the 'Long-term survival after enucleation of a esophageal gastrointestinal stromal tumor. The huge esophageal GISTs are rare. Therefore these findings are important to those with closely related research interests. But there are some problems in your manuscript. Minor essential revisions - 24cm ? 24 cm - 13 cm hyperdense soft-tissue mass - Gulen etc [3] : incorrect author name The primary treatment for a resectable localized GIST is surgery with the goal of complete resection without leaving residual tumor cells. The main objectives of surgical treatment are to acquire negative margins and to resect the tumor without causing tumor rupture. Even if the tumors are small, an endoscopic shell-out procedure or enucleation should be avoided if GIST is suspected. In many case wedge resection of gastric GIST and segmental resection of small bowel GISTs are appropriate treatment. The vast majority of studies of GISTs suggest that the two most important prognostic features are mitotic activity and tumor size. A new parameter, tumor location, was proposed for use in the evaluation of the clinical behavior of localized GISTs. Although the mitotic rate was lesser than 5 mitoses/50 HPF, non-gastric GISTs greater than 10 cm have high malignance potential. Authors are recommended to discuss resection margin and adjuvant treatment about these points. The quality of language in the manuscript is not suitable for publication unless extensively edited. Reviewer is unable to decide on acceptance or rejection until the authors have responded to the major compulsory revisions.