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### ESPS Peer-review Report

**Name of Journal:** World Journal of Gastroenterology

**ESPS Manuscript NO:** 6832

**Title:** Is Endoscopic Ultrasonography still the modality of choice in preoperative staging of gastric cancer?

**Reviewer code:** 00034167

**Science editor:** Yuan Qi

**Date sent for review:** 2013-10-29 17:51

**Date reviewed:** 2013-11-02 11:23

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

### COMMENTS TO AUTHORS

I have raised substantive concerns that have limited the priority for publication for this manuscript. I think that the view point of the role of EUS for gastric cancer is not right. Especially portion regarding comparison between EUS and CT is problematic.

**ESPS Peer-review Report****Name of Journal:** World Journal of Gastroenterology**ESPS Manuscript NO:** 6832**Title:** Is Endoscopic Ultrasonography still the modality of choice in preoperative staging of gastric cancer?**Reviewer code:** 00048205**Science editor:** Yuan Qi**Date sent for review:** 2013-10-29 17:51**Date reviewed:** 2013-11-13 01:09

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A (Excellent)	<input checked="" type="checkbox"/> Grade A: Priority Publishing	Google Search:	<input 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	<input type="checkbox"/> No records	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D (Fair)	language polishing	BPG Search:	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade E (Poor)	<input type="checkbox"/> Grade D: rejected	<input type="checkbox"/> Existed	<input checked="" type="checkbox"/> Minor revision
		<input type="checkbox"/> No records	<input type="checkbox"/> Major revision

**COMMENTS TO AUTHORS**

Review of manuscript for WJG "Is Endoscopic Ultrasonography still the modality of choice in preoperative staging of gastric cancer?" by Sung Wook Hwang al. et al. This is a well written review concerning the role of EUS, MD-CT, MRI and PET-CT in per-operative staging of gastric cancer. The authors described also the usefulness of a various combination of these modalities in the pre-operative staging. I give you a few comments, as follows. 1) Two types of EUS, miniature-probe and conventional EUS, are available in the clinical setting, so it is helpful for the authors to describe the type (probe/conventional) or mode (7.5-10/12/20 MHz) used in the previous studies. 2) The ability of EUS to get specimens from cancerous lesions is the strength of EUS, compared with other modalities, such as MD-CT, MRI and PET-CT. It is better to discuss the usefulness of EUS-FNA for pre-operative diagnosis of gastric cancer with some data of EUS-FNA for gastric cancer. 3) The sensitivity and specificity of PET-CT can be affected by the cut-off value of SUV. So, it is better for authors to discuss the SUV value in the pre-operative diagnosis of gastric cancer. If authors can revise these points, this paper might be more suitable for the review article of the World Journal of Gastroenterology.

# ESPS Peer-review Report

**Name of Journal:** World Journal of Gastroenterology

**ESPS Manuscript NO:** 6832

**Title:** Is Endoscopic Ultrasonography still the modality of choice in preoperative staging of gastric cancer?

**Reviewer code:** 00004227

**Science editor:** Yuan Qi

**Date sent for review:** 2013-10-29 17:51

**Date reviewed:** 2013-12-07 06:27

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

## COMMENTS TO AUTHORS

Dear authors, I have carefully reviewed your paper "Is Endoscopic Ultrasonography still the modality of choice in preoperative staging of gastric cancer?", analyzing the role of different imaging techniques in the staging of gastric cancer. Although is a nice job, there are certain points that need further clarification or changing before considering the manuscript for publication 1/ At introduction, authors comment an issue of EUS, regarding the limited depth of penetration. This is not really correct, since with most of the ultrasound devices, depth of penetration can be established up to 9 cm, for instance. Maybe the idea is that with EUS the field of view is not as big as with CT scan or MR, but sentence needs clarification 2/ All over the manuscript, authors try to establish metaanalysis as the key, providing the most important information, however I believe that the best studies to provide the optimal information are the randomized controlled trials. Systematic reviews are important, also metaanalysis, but they are all based on controlled trials, so...I think this is a wrong message in the manuscript 3/ there are some important papers missing in the review, for instance one published by Repiso et al at Spanish Journal of Gastroenterology, highlighting the importance of EUS, in terms of changing management of patients with gastric cancer. Please, include these studies, they deserve a comment in the review. 4/ All over the points, authors are repeating information, both in the text and in the tables. I would recommend to keep tables, and explain more the results in the text, for instance by explaining the ones with optimal methodology, best gold/standard and so on. 5/ Review some English expression, that can be clearly improved

# ESPS Peer-review Report

**Name of Journal:** World Journal of Gastroenterology

**ESPS Manuscript NO:** 6832

**Title:** Is Endoscopic Ultrasonography still the modality of choice in preoperative staging of gastric cancer?

**Reviewer code:** 00744476

**Science editor:** Yuan Qi

**Date sent for review:** 2013-10-29 17:51

**Date reviewed:** 2014-03-28 04:15

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

## COMMENTS TO AUTHORS

This paper is a review article about preoperative staging of gastric cancer. There are some problematic issues in this article. Although this review article is described based on meta-analysis, whether the origin of meta-analysis comes from retrospective data or prospective data is unclear. Since meta-analysis comprising prospective studies and that comprising retrospective studies are totally different quality, most of readers including me would like to know those informations. Clarifying study design in using studies is necessary for interpretation of meta-analysis. Moreover, comparison among meta-analysis of different background is inconclusive. 1. Please clarify the study design of describing data in manuscript and Table. Meta-analysis using RCT or prospective studies is real meta-analysis with high evidence. 2. Data from prospective study are required for convincing data. Especially, prospective study is indispensable for diagnostic study to avoid many bias. Author should separately describe and discuss the data of prospective study and retrospective study. Moreover, author have to strength that the data from retrospective study is not convincing and conclusive in this manuscript. Please interpret and discuss based on evidence level of each study. 3. Author should not conclude superiority and inferiority by comparison among meta-analyses of different background and different design. Changing of Title name may be better because the significance of EUS is still unclear in this article. Moreover, retrospective study of EUS for stage diagnosis would have many biases because most of patients must undergo CT and the result of CT give many information to diagnosis by EUS. 4. Page 8: Evidence of neoadjuvant chemotherapy is limited to Western countries where D2 lymph node dissection is not standard. There is a lack of



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evidence for neoadjuvant chemotherapy in Asian countries with D2 dissection. Therefore, preoperative T staging for locally progressive cancer is not definitely necessary in Asian country. Preoperative assessment of invasion to adjacent organ such as pancreas (T4b) is important for indication of surgery, but CT would be superior to EUS about that. Hence, the importance of EUS is limited to diagnosis between T1a and T1b for indication of endoscopic resection, but this assessment is lacking in this review. 5. 19-20th line in page 12: The sentence "The high specificity might be helpful....." is incorrect and should be deleted. Because FDG-PET is very high false negative (low sensitivity). 6. Even if specificity of FDG-PET is so high, this modality is meaningless for pre-operative staging because of very low sensitivity. This description about high specificity of N-stage should be removed and author should discuss about that in the paragraph of FDG-PET.