BAISHIDENG PUBLISHING GROUP INC
8226 Regency Drive, Pleasanton, CA 94588, USA
Telephone: +1-925-223-8242 Fax: +1-925-223-8243
E-mail: editorialoffice@wjgnet.com http://www.wjgnet.com

ESPS Peer-review Report
Name of Journal: World Journal of Gastroenterology
ESPS Manuscript NO: 10674
Title: Endoscopic full-thickness resection for gastric submucosal tumors arising from muscularis propria layer
Reviewer code: 00069105
Science editor: Yuan Qi
Date sent for review: 2014-04-13 21:38
Date reviewed: 2014-04-15 01:48

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
[ ] Grade A (Excellent)	[ ] Grade A: Priority Publishing	Google Search:	[ ] Accept
[Y] Grade B (Very good)	[Y] Grade B: minor language polishing	[ ] Existed	[ ] High priority for publication
[ ] Grade C (Good)	[ ] Grade C: a great deal of language polishing	[ ] No records	
[ ] Grade D (Fair)		BPG Search:	[ ]Rejection
[ ] Grade E (Poor)	[ ] Grade D: rejected	[ ] Existed	[ ] Minor revision
		[ ] No records	[Y] Major revision

COMMENTS TO AUTHORS

Paper is about efficacy, safety and feasibility of endoscopic full-thickness resection in the treatment of 35 gastric submucosal tumors arising from the muscularis propria. Comments: Introduction: OK Material: Clinical data: Last sentence in the paragraph about clinical data should be moved to results. You said that diagnosis was made by CT or EUS please specify percentages. You must be more taxative remarking that no lymph node was seen in CT or EUS. Instruments: I do not know if it is really necessary to name every instrument. If authors think that it is interesting please make the paragraph easier to read EFR method: Do you need anytime the help of EUS to identify the lesion? Postoperative treatment: I think that understand what you want to say but the sentence "subjected to fasting and gastrointestinal decompression" is confusing. Please could you explain better?? Results: This section of the paper is very short. I am sure that you have a lot of interesting data that the readers were waiting for. Mytosis??, CD??. How many patients develop collections? Pain? If in the third day, you made a barium test and were always negative why some patients stay 10 days?? No morbidity??? Term leiomyoma is old fashioned. GST include all types of leiomyoma, schwannoma is also old fashioned now pathologists prefer GANT (Gastric Autonomous Nerve Tumors) Please revise these terms to adapt it to more recent names. Postoperative imatinib??? Any mid term digestive post-procedure morbidity.?? Discussion: you said: "in some cases, some normal mucosa at the periphery may require suturing to reduce wound size". If you did I think that you do not tell us in results. You explain the puncture to solve pneumoperitoneum, if you did please explain in results. You talk about antibiotics but is not included in methods section. References: OK. New and they are

from good journals with high IF. Figures. They are nice but I think that 9 figures perhaps are too much. Resuming, nice experience and paper but material and results section should be improved

BAISHIDENG PUBLISHING GROUP INC
8226 Regency Drive, Pleasanton, CA 94588, USA
Telephone: +1-925-223-8242 Fax: +1-925-223-8243
E-mail: editorialoffice@wjgnet.com http://www.wjgnet.com

ESPS Peer-review Report
Name of Journal: World Journal of Gastroenterology
ESPS Manuscript NO: 10674
Title: Endoscopic full-thickness resection for gastric submucosal tumors arising from muscularis propria layer
Reviewer code: 00057644
Science editor: Yuan Qi
Date sent for review: 2014-04-13 21:38
Date reviewed: 2014-05-05 14:11

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
[ ] Grade A (Excellent)	[ ] Grade A: Priority Publishing	Google Search:	[ ] Accept
[ ] Grade B (Very good)	[Y] Grade B: minor language polishing	[ ] Existed	[ ] High priority for publication
[Y] Grade C (Good)	[ ] Grade C: a great deal of language polishing	[ ] No records	[ ]Rejection
[ ] Grade D (Fair)	[ ] Grade D: rejected	BPG Search:	[ ] Minor revision
[ ] Grade E (Poor)		[ ] Existed	[Y] Major revision
		[ ] No records	

COMMENTS TO AUTHORS

#1 This procedure has been performed from the gastric lumen. When the operator intend to do ''artificial perforation'', IT knife might injure the organs just adjacent to the gastric wall. How did they avoid injury of surrounding organs such as transverse colon and pancreas? #2 Mean follow up period is rather short (6 months). Surgeons may worried about peritoneal seeding due to this procedures. Usually, such iatrogenic peritoneal seeding occur 2 to 5 years after resection. #3 Maximum size of resected specimen was 4.5cm. How could the operator pull out such large mass through the oesophagus. #4 This procedure was performed under general anesthesia. Thus, use of conventional laparoscope from the abdomen must be easy. Is the total costs of this procedure less than LECS (laparoscopy and endoscopy cooperative surgery)?