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ESPS Peer-review Report
Name of Journal: World Journal of Gastroenterology
ESPS Manuscript NO: 7781
Title: Prevention of esophageal strictures after endoscopic submucosal dissection
Reviewer code: 02529823
Science editor: Ling-Ling Wen
Date sent for review: 2013-12-01 07:36
Date reviewed: 2013-12-02 10:01

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
[Y] Grade A (Excellent)	[ ] Grade A: Priority Publishing	Google Search:	[Y] Accept
[ ] 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	[ ]Rejection
[ ] Grade D (Fair)	[ ] Grade D: rejected	BPG Search:	[ ] Minor revision
[ ] Grade E (Poor)		[ ] Existed	[ ] Major revision
		[ ] No records	

COMMENTS TO AUTHORS

In the present manuscript, the authors focused on describing several therapeutic strategies (anti-inflammatory, scaffold-based and cell-based treatments) for preventing esophageal stricutres after extensive endoscopic submucosal dissection. This review is very interesting and I recommend that it might be published in World Journal of Gastroenterology with minor revisions. 1. Can you set some subtitles for this review paper to make the skeleton of manuscript more logistic? 2. Can you make a table for the drugs used in anti-inflammatory approaches for preventing esophageal stricture to make the manuscript easy to be understood? Especially to describe the successful drugs (basic introduction to those drugs, their advantages/disadvantages), potential drugs and the future development to use those potential drugs. 3. Can you give the detailed description about how to attach the autologous oral mucosal epithelial cell sheet to the ulcer sites? Using operating suture or anything else? 4. As you know, tissue engineering includes three elements: scaffold, cells and cytokines. So what do you think about the development of tissue engineered esophagus for esophageal stricture therapy in the future? 5. Adipose-derived stem cells (ADSCs) might be a good cell source for tissue engineering. Could you give a more detailed description ADSCs?

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ESPS Peer-review Report
Name of Journal: World Journal of Gastroenterology
ESPS Manuscript NO: 7781
Title: Prevention of esophageal strictures after endoscopic submucosal dissection
Reviewer code: 00159633
Science editor: Ling-Ling Wen
Date sent for review: 2013-12-01 07:36
Date reviewed: 2013-12-30 19:58

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

COMMENTS TO AUTHORS
The paper entitled "Prevention of esophageal strictures after endoscopic submucosal dissection" reports novel techniques. however, the language of the paper is poor and there are several mistakes.

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ESPS Peer-review Report
Name of Journal: World Journal of Gastroenterology
ESPS Manuscript NO: 7781
Title: Prevention of esophageal strictures after endoscopic submucosal dissection
Reviewer code: 02529816
Science editor: Ling-Ling Wen
Date sent for review: 2013-12-01 07:36
Date reviewed: 2014-01-05 11:42

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

COMMENTS TO AUTHORS
The manuscript reviews anti-inflammatory and tissue engineering approaches to prevent esophageal strictures after endoscopic submucosal dissection. While this topic appears to be of great interest, the description of the different approaches appears unbalanced with a bias towards tissue engineering approaches while only very limited information is provided about the several anti-inflammatory approaches. Unfortunately, the language is very poor and thus several sections of the paper cannot be evaluated.

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ESPS Peer-review Report
Name of Journal: World Journal of Gastroenterology
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Title: Prevention of esophageal strictures after endoscopic submucosal dissection
Reviewer code: 02446765
Science editor: Ling-Ling Wen
Date sent for review: 2013-12-01 07:36
Date reviewed: 2014-04-14 11:08

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
[Y] Grade A (Excellent)	[Y] Grade A: Priority Publishing	Google Search:	[Y] Accept
[ ] Grade B (Very good)	[ ] Grade B: minor language polishing	[ ] Existed	[ ] High priority for publication
[ ] 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	[ ] Major revision
		[ ] No records	

COMMENTS TO AUTHORS
This is a great review on the preventing method for esophageal stricture after endoscopic resection.

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ESPS Peer-review Report
Name of Journal: World Journal of Gastroenterology
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Title: Prevention of esophageal strictures after endoscopic submucosal dissection
Reviewer code: 00039422
Science editor: Ling-Ling Wen
Date sent for review: 2013-12-01 07:36
Date reviewed: 2014-04-16 22:42

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:	[Y] Minor revision
[ ] Grade E (Poor)		[ ] Existed	[ ] Major revision
		[ ] No records	

COMMENTS TO AUTHORS

This paper, which concerns indeed an important topic, like stricture prevention after sub mucosal esophageal resection, is a literature review, mainly concentrated on tissue engineering approaches, which is discussed more extensively. In this last part likely the Authors have a deeper experience. Regarding the argument of the anti-inflammatory pharmacologic approach, it is really discussed in a slightly superficial way. Going into details: In the Introduction, the authors define "preventive" and "conventional" Endoscopic Ballooon Dilatation (EBD) according to the different interval time. Though the definition may be intuitive, a better explanation approach is required. About triamcinolone injection the methods used in literature are often different and the results still conflicting. It would be important to explain in details the different concentration, the amounts and the techniques of injection. All these aspects can determine differences in the outcome. Indeed, optimal dose, frequency, and best application (where exactly are the injections done?) for local management by triamcinolone have to be established. Regarding systemic administration of steroids, although the issue is mainly addressed to stricture prevention after sub mucosal dissection, the authors should at least cite the conflicting results in the literature about the systemic use of corticosteroids in other types of strictures (caustic, post-infection etc.) Corticosteroids cannot be recommended in these patients. Two important articles should be cited about the argument: Pelclová D, Navratil D. Do corticosteroids prevent oesophageal stricture after corrosive ingestion? Toxicol Rev 2005; 24: 125-129 Fulton JA, Hoffman RS. Steroids in second degree caustic years of human data: 1956-2006. 2007; Clin Toxicol (Phila) 45: 402-08 Regarding mytomycin, this drug has deleterious adverse effects, especially if systemic absorption occurs across the intact mucosa. A recent

systematic review indicated encouraging results in the long term [Berger M recurrent esophageal strictures: hype or hope? Eur J Pediatr Surg 2012; 22: 109-116], but prospective studies are clearly mandatory to determine the most effective concentration, duration and frequency of application. The theoretical risk of secondary long-term malignancy should also be taken into account. The part regarding the tissue engineering approaches is better written and clearly the Authors have more experience in these methods. As a simple suggestion, the paper could only be based on these considerations, without mentioning the pharmacologic approaches to prevent strictures. It must also be considered that in the literature reported, most patients underwent to balloon dilatation, making thus difficult to distinguish among the effects of dilatation and of pharmacologic prevention. The small and different number of patients reported, as well as the different methodologies of the papers make also more difficult any definite conclusion. In the paragraph regarding "Clinical study using autologous oral mucosal epithelial cells", describing the results reported by reference 58, it has been written "the transplantation of oral mucosal epithelial cell sheets prevented esophageal strictures after ESD". It is not clear what this does mean: no dilatation, fewer dilatations? All these details should be explained. Finally, I would be more cautious in the conclusions. Tissue engineering cells approach should be considered still in the experimental phase, although it is an exciting treatment. Any too optimistic conclusion should be avoided.