

## ESPS Peer-review Report

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

**ESPS Manuscript NO:** 5104

**Title:** The Diagnostic Value of Endoscopic Ultrasonography for Early Esophageal Squamous Cell Carcinoma of T1a and T1b Stage

**Reviewer code:** 00008517

**Science editor:** Qi, Yuan

**Date sent for review:** 2013-08-15 14:37

**Date reviewed:** 2013-08-27 13:28

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)		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

The authors are to be congratulated for this interesting study. My comments are detailed below. 1. the text needs thorough revision of the english form, since numerous sentences are often awkward and difficult to follow. 2. again, there are several typographic errors that need corrections. 3. it is not clear to me whether data from the two independent assessors were statistically compared; this should be better explained in the text and in the statistical section. 4. again, all the statistical test used should be firstly reported in the statistical analysis section. 5. it could be interesting if the authors could also give the reader an indea of the accuracy of TC and MR tests compared to US, since I suppose that all patients were also studied with one or both these techniques.

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**ESPS Manuscript NO:** 5104

**Title:** The Diagnostic Value of Endoscopic Ultrasonography for Early Esophageal Squamous Cell Carcinoma of T1a and T1b Stage

**Reviewer code:** 00504669

**Science editor:** Qi, Yuan

**Date sent for review:** 2013-08-15 14:37

**Date reviewed:** 2013-09-05 21:13

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)		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

Thank you for asking me to review this manuscript by Jian-jun Li and colleagues which addressed whether EUS can distinguish between T1a and T1b esophageal squamous cell carcinoma. The authors present results indicating an accuracy of around 70%, albeit dependant on length of tumour. Major comments 1. The authors need to state how many practitioners/operatives performing the EUS examinations there were and their experience (there is reference to expert 1 and expert 2 but this is not clear in the methods. 2. I would suggest moving the ROC curve figure (labelled as figure 3) into the main manuscript as I think it is a supplemental figure at the moment. 4. Did the authors use a balloon on the echoendoscope? 5. The conclusions need to be strengthened - how can we improve EUS as a staging modality? Is this a training issue? Is this a technological issue? Minor Comments INTRODUCTION 1. Redundant "the", the lymph node metastases... 2. Change "an accurate diagnosis and the ability to distinguish between T1a and T1b stage of ESCC" stage to lesions 3. Spelling "on distincwishing" 4. Remove "adenosquamous carcinoma and sarcoma, However, there were no other reports on squamous cell carcinomas." and just state that there is a paucity of data concerning ESCC. PATIENTS AND METHODS 1. Change "with the third layer complete or intact" to an intact third layer. DISCUSSION 1. Change "Firstly, minor cases of ESCC originated in the upper and lower sections (9 and 11, respectively), which may have adversely affected statistical accuracy." to Firstly, a minority of cases...

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

**ESPS Manuscript NO:** 5104

**Title:** The Diagnostic Value of Endoscopic Ultrasonography for Early Esophageal Squamous Cell Carcinoma of T1a and T1b Stage

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**Science editor:** Qi, Yuan

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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 type="checkbox"/> Grade C (Good)	<input type="checkbox"/> Grade C: a great deal of	<input type="checkbox"/> No records	<input type="checkbox"/> Rejection
<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

This is a retrospective study for diagnostic value of EUS for early esophageal cancer with squamous cell carcinoma. The authors concluded that EUS demonstrated median degree of accuracy for distinguishing between T1a and T1b stage of ESCC, and so it is necessary to enhance EUS for staging early ESCC. In fact, there have been many studies on the accuracy of EUS in esophageal cancers, of which are reported in Japan. In addition, the use of high-frequency catheter probe such as 20 or 30 MHz is the main stream in differentiating m cancer from sm cancer. Therefore, how about the incidence rate of using probe in this study although the authors stated the use of EUS scope? If only EUS scope was used, what is the accuracy of LN metastasis?