

## ESPS PEER REVIEW REPORT

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

**ESPS manuscript NO:** 13841

**Title:** Endoscopic submucosal dissection for early gastric cancer with undifferentiated-type histology: A meta-analysis

**Reviewer code:** 02495270

**Science editor:** Ya-Juan Ma

**Date sent for review:** 2014-09-04 16:47

**Date reviewed:** 2014-09-11 03:07

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"/> Existing	<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 checked="" type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input type="checkbox"/> Existing	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

## COMMENTS TO AUTHORS

Authors used appropriate methods of analysis and elaborated this interesting meta-analysis on endoscopic submucosal dissection in the treatment of EGC with undifferentated-type histology. I have only one minor concern: - In the abstract, the conclusions should be checked. The conflict between "technically feasible" but the "therapeutic outcomes are not completely satisfactorily", should be avoided. -First line of the introduction. please, add an appropriate reference. - Check journal's references' style (for example on page 7).

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**Title:** Endoscopic submucosal dissection for early gastric cancer with undifferentiated-type histology: A meta-analysis

**Reviewer code:** 00001114

**Science editor:** Ya-Juan Ma

**Date sent for review:** 2014-09-04 16:47

**Date reviewed:** 2014-09-18 12:25

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"/> Existing	<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	BPG Search:	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input type="checkbox"/> Existing	<input checked="" type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

### COMMENTS TO AUTHORS

This review described outcomes of ESD for early gastric cancer with undifferentiated-type. I feel this paper is interesting and well written but I have a feeling this argument seems premature for a meta-analysis. I have the following comments - 1) I was wondering if this argument is not appropriate for a meta-analysis. Because 14 studies included in this paper were not enough evidence to discuss this argument. Particularly, I feel the lack of the data about long-term outcomes even though I agree with the short-term outcomes using a meta-analysis. I feel recurrence after ESD is the most important about this argument. 2) I'd be interested in recurrence pattern after ESD for EGC with undifferentiated adenocarcinoma, particularly distant metastasis, although the authors mentioned that the outcomes was not defined in detail in most papers. If possible, please introduce some case reports that presented recurrence and discuss about recurrence pattern in your opinion. And, comment about follow-up precaution after ESD for EGC with undifferentiated adenocarcinoma. 3) Please introduce clinical trial conducted in Japan, "A phase II trial of endoscopic submucosal dissection for expand indication to early gastric cancer of undifferentiated type (JCOG1009/1010, Undiff GC ESD P2)". (UMIN Clinical Trials Registry: <http://www.umin.ac.jp/ctr/>, number UMIN000004995). This prospective study is to evaluate the efficacy and safety of endoscopic submucosal dissection (ESD) for intramucosal gastric cancer of undifferentiated type. This study was already finished the enrollment and now is in follow-up period. I hope this trial will help to lead the



## BAISHIDENG PUBLISHING GROUP INC

8226 Regency Drive, Pleasanton, CA 94588, USA

Telephone: +1-925-223-8242

Fax: +1-925-223-8243

E-mail: [bpgoffice@wjgnet.com](mailto:bpgoffice@wjgnet.com)

<http://www.wjgnet.com>

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consensus for ESD for early gastric cancer (EGC) with undifferentiated adenocarcinoma. 4) I feel that there are too much appendix figures. Minor 1) P16, L2, reference No 46-48?[46-48] 2) Appendix 34) and table are missing?

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**ESPS manuscript NO:** 13841

**Title:** Endoscopic submucosal dissection for early gastric cancer with undifferentiated-type histology: A meta-analysis

**Reviewer code:** 01551804

**Science editor:** Ya-Juan Ma

**Date sent for review:** 2014-09-04 16:47

**Date reviewed:** 2014-09-17 21:11

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

## COMMENTS TO AUTHORS

Bang et al: Endoscopic submucosal dissection for early gastric cancer with undifferentiated-type histology: A meta-analysis. (MS No. 13841) The authors evaluated the efficacy and safety of ESD for EGC with undifferentiated-type histology by analyzing 14 retrospective studies. As the authors mentioned, the retrospective analysis seems to have publication bias. Especially, the data are limited to two countries, Korea and Japan, and may have overlapped patients. Thus, this study cannot be defined "meta-analysis". Moreover, the overall recurrence rate was 7.6%, which is higher than that of previous studies. Because the analyzed clinical data is unclear in some studies, the recurrence rate could not be evaluated correctly. The study is too preliminary and, therefore, is not appropriate for the journal. Specific comments: 1. The authors mentioned that ESD is technically feasible treatment modality for the treatment of EGC with undifferentiated-type histology. The authors should compare ESD for EGC with differentiated-type histology, which is a standard treatment for EGC. 2. The authors identified 619 EGC patients with undifferentiated-type histology in the evaluation of ESD based on the expanded criteria. However, the authors identified 458 EGC patients (263: expanded criteria, 195: beyond expanded criteria) in a comparison of ESD based on the expanded vs. beyond expanded criteria. How did the author select 263 expanded criteria patients from 619 expanded criteria patients? Minor comments: 1. There is no "Appendix table1" (page9, line3). 2. There is no "Appendix34" (page14, line3). 3. The number "32" (page 11, line 19)



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8226 Regency Drive, Pleasanton, CA 94588, USA

Telephone: +1-925-223-8242

Fax: +1-925-223-8243

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<http://www.wjgnet.com>

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should be [32].