

## ESPS PEER-REVIEW REPORT

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

**ESPS manuscript NO:** 15844

**Title:** Safety and efficacy of carbon dioxide insufflation during gastric endoscopic submucosal dissection

**Reviewer's code:** 02531403

**Reviewer's country:** Italy

**Science editor:** Ya-Juan Ma

**Date sent for review:** 2014-12-16 13:02

**Date reviewed:** 2015-01-08 17:53

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input checked="" type="checkbox"/> Grade A: Priority publishing	PubMed Search:	<input type="checkbox"/> Accept
<input checked="" type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<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"/> Duplicate publication	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		BPG Search:	<input type="checkbox"/> Major revision
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

## COMMENTS TO AUTHORS

I read with interest the manuscript 15844 "Safety and efficacy of carbon dioxide insufflation during gastric endoscopic submucosal dissection". I would to highlight the importance of the research and the significance of the research findings, with regards to the advantage of the CO2 insufflation rather than air insufflation in performing gastric ESD. The novelty and innovative nature of the research reflects the safety of Co2 insufflation as air insufflation, with regard to blood gas levels, and the reduction of the incidence of Mallory-Weiss tears. The quality of the manuscript's presentation and readability is high, as the ethics-related aspects of the research The main and short titles accurately reflect the major topic and content of the studyThe abstract provide a clear delineation between the research background, objectives, materials and methods, results (including important data), and conclusions. The abstract present the innovative and significant points related to the background, objectives, materials and methods, results (including important data), and conclusions; however,it should concisely highlight the limitations of this study, with regards to sample size Materials and Methods:The materials and methods are sufficiently described for the results and

conclusions ,however I suggest to describe more accurately the solution used to infiltrate the submucosa( i.e. in which percentage High-molecular-weight hyaluronic acid?). The described methods are advanced and applied in an innovative way,even if the PACo2 is measured in a smaller percentage of patients Descriptions sufficiently detailed are provided for modified or novel methods used in the study, which will allow other investigators to reproduce or validate the study The study design and use of controls is rational and reliable The statistical methods used are appropriate Results: The results provide almost sufficient experimental evidence or data to draw firm scientific conclusions,despite the single center limitations and even if the PACo2 is measured in a smaller percentage of patients The sample size and statistical data reflect the results adequately Discussion: The section is well organized The conclusions drawn appropriately supported by the literature The section describe findings based upon systematic theoretical analyses of the results and provide valuable conclusions References: The references are appropriate, relevant, and up-to-date Tables and Figures: The tables and figures reflect the major findings of the study - The tables and figures are designed to present the maximal amount of information in the most concise and clear manner

## ESPS PEER-REVIEW REPORT

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

**ESPS manuscript NO:** 15844

**Title:** Safety and efficacy of carbon dioxide insufflation during gastric endoscopic submucosal dissection

**Reviewer's code:** 00071703

**Reviewer's country:** Turkey

**Science editor:** Ya-Juan Ma

**Date sent for review:** 2014-12-16 13:02

**Date reviewed:** 2014-12-29 20:22

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	PubMed Search:	<input checked="" type="checkbox"/> [ Y] Accept
<input type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> [ Y] Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input type="checkbox"/> [ ] High priority for publication
<input checked="" type="checkbox"/> [ Y] Grade C: Good	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Duplicate publication	<input type="checkbox"/> [ ] Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input checked="" type="checkbox"/> [ Y] No	<input type="checkbox"/> [ ] Minor revision
<input type="checkbox"/> Grade E: Poor		BPG Search:	<input type="checkbox"/> [ ] Major revision
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> [ Y] No	

## COMMENTS TO AUTHORS

In this study, the authors aimed to compare the safety and efficacy of carbon dioxide (CO<sub>2</sub>) versus air insufflation during gastric endoscopic sub mucosal dissection (ESD). Eighty-seven patients with no known pulmonary dysfunction were randomized into 2 groups: 36 received CO<sub>2</sub> insufflation and 51 received air insufflation. It is found no significant difference between groups in the baseline or peak PtcCO<sub>2</sub> during ESD or in the median PtcCO<sub>2</sub> after ESD. Other more the incidence of Mallory-Weiss tears was found significantly lower (P= 0.013) with CO<sub>2</sub> insufflation (0%) than with air insufflation (15.6%). I think this study which demonstrates the benefit of CO<sub>2</sub> insufflation in reducing the risk of Mallory-Weiss tears during ESD is suitable to publication.

## ESPS PEER-REVIEW REPORT

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

**ESPS manuscript NO:** 15844

**Title:** Safety and efficacy of carbon dioxide insufflation during gastric endoscopic submucosal dissection

**Reviewer's code:** 00039570

**Reviewer's country:** Iran

**Science editor:** Ya-Juan Ma

**Date sent for review:** 2014-12-16 13:02

**Date reviewed:** 2015-01-10 03:44

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	PubMed Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<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"/> Duplicate publication	<input type="checkbox"/> Rejection
<input checked="" type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input checked="" type="checkbox"/> Plagiarism	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		[Y] No	<input type="checkbox"/> Major revision
		BPG Search:	
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		[Y] No	

## COMMENTS TO AUTHORS

The study is of interest but some points needs clarification: How were patients randomized? Why the number of case and controls are different 36 vs 51 Why the location and histopathology between case and controls became different Was randomization done correctly Was randomization blind to endsocopist and the analyzer Why ABG was done on the first 30 Was there any SE for ABG sampling? Was there any difference in patients discomfort? What are importance of figure 2 and 3 ? Tables could be combined.