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ESPS PEER REVIEW REPORT

Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 11806

Title: Clinical characteristics and management of gastric tube cancer with endoscopic submucosal dissection

Reviewer code: 00068472

Science editor: Yuan Qi

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

COMMENTS TO AUTHORS

Mukasa et al. describe the characteristics of gastric tube cancer (GTC) and the complications associated with endoscopic submucosal dissection (ESD) for GTC. Eleven consecutive patients with 11 GTC were selected for this study. All cases underwent en bloc resections by ESD. In the preoperative phase, anastomotic stricture and food residue in the gastric tube were the main complications. In the intraoperative phase, bleeding, while in the postoperative phase delayed bleeding and stenosis were observed. The Authors concluded that ESD is considered a useful treatment for GTC. Although surgical resection has been considered as the standard treatment for GTC, more recently, the indications and criteria for ESD has been expanded to include also the treatment of GTC after esophagectomy. ? The topic is discussed in a little confusing manner. ? The English should be improved. ? The clear-cut indications of ESD as treatment modality for GTC should be more clearly discussed. ? Although the Authors concluded that only minor complications occurred, they should spend time to discuss the causes of high rate of anastomotic strictures (45%), food residue (36%), bleeding (45%), and finally in the postoperative phase, delayed bleeding (18%) and stenosis (9%). ? The potential advantages of ESD over EMR should be discussed in more detail. ? The possibility that Helicobacter pylori (Hp) infection is a major cause of GTC after esophagectomy seems highly speculative. ? The Reference list should be completed.