

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 18071

Title: Endoscopic full-thickness resection: current status.

Reviewer's code: 02823705

Reviewer's country: Italy

Science editor: Ya-Juan Ma

Date sent for review: 2015-04-07 10:13

Date reviewed: 2015-04-07 23:38

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	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"/> The same title	<input type="checkbox"/> High priority for publication
<input checked="" type="checkbox"/> Grade C: Good		<input type="checkbox"/> Duplicate publication	
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Plagiarism	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade E: Poor	<input type="checkbox"/> Grade D: Rejected	<input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Minor revision
		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

Introduction 1. EFTR is not defined at first citation in the Introduction 2. You should probably mention that the history of EFTR is dated some years, and starts with the concept of the FTRD Methods / Indications 1. The sentence "In the colorectum, the main indications are non-lifting adenomas. Although recurrency rate after EMR has recently described to be low³, those lesions are difficult to treat endoscopically due to scarring. In case of T1 carcinomas, EFTR can provide correct histological diagnosis including exact determination of submucosal infiltration depth and may also be curative in case of low risk situations. It may also be an alternative to surgical resection for adenomas at difficult anatomic locations, such as lesions arising from a diverticulum" is a typical but wrong way to present the problem. The vast majority of MDs try to lift a lesion and if it lifts they snare. BUT, a pT1 cancer lifts (!). So what to do: EFTR to all? EFTR after a first EMR/ESD attempt? Is there a way to differentiate sm infiltration before snaring? I think this should be extensively dissected here, otherwise the real importance of an EFTR device results extremely limited. General Principles 1. Years of NOTES demonstrate that for some reason not clear yet, the risk of peritoneal contamination in anedoctical. I would say that closure may become difficult after resection as to



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

<http://www.wjgnet.com>

justify why to develop a one shot EFTR device Limitations 1. Please clarify what the following study do investigate exactly (The “WALL RESECT” study, NCT02362126 and the “FIRE” study, NCT02353533) there is also a prospective study on GERDX-mediated resection of gastric SETs (“FROST” study, NCT Nr pending)

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 18071

Title: Endoscopic full-thickness resection: current status.

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Reviewer's country: Germany

Science editor: Ya-Juan Ma

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<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"/> 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 type="checkbox"/> Plagiarism	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input type="checkbox"/> No	<input type="checkbox"/> Major revision
		BPG Search:	
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input type="checkbox"/> No	

COMMENTS TO AUTHORS

Review 'Endoscopic full-thickness resection: current status' by Schmidt et al. 2015 The review 'Endoscopic full-thickness resection: current status' summarizes the current views and data regarding 'Endoscopic full-thickness resections'. In this review, the authors give an overview about current endoscopic full thickness resection (EFTR) techniques and compare them to conventional endoscopic resection techniques such as endoscopic mucosal resection (ESD) or endoscopic submucosal dissection (ESD) by reviewing recent literature. It is a well-written article subsuming current literature on this topic. Nevertheless, there are several concerns that should be revised before accepting this manuscript. In section 'methods' the authors state that an ontology-based search queries on EFTR was performed. However, rather than describing detailed search terms, they state that the terms are available from the author. Please specify the exact terms so the reader can reproduce the ontology-based search. Also, the abbreviation 'EFTR' is not explained in introduction and 'GI' abbreviation is used before it is introduced. In fact, there are various abbreviations that are not explained -This should be carefully checked and changed. All abbreviations used in the text must be explained prior to use. The introduction seems rather short.



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8226 Regency Drive, Pleasanton, CA 94588, USA

Telephone: +1-925-223-8242

Fax: +1-925-223-8243

E-mail: bpgoffice@wjgnet.com

<http://www.wjgnet.com>

What exactly qualifies EFTR for clinical use? What kind of 'secure defect closure techniques and novel resection devices' exist already? In introduction, the authors state that EFTR is about to enter clinical routine, on the other hand, in section 'current indications for EFTR', the authors name various indications for EFTR. -Please specify if these 'indications' are routinely used or rather experimental. In section 'GENERAL PRINCIPLES OF EFTR' the authors state that there are numerous 'even with modern closure techniques' under development, yet not suitable for clinical practice. What kind of experimental procedures are these? Also, what kind of 'non-insufflation techniques' do already exist? -Please specify. In description of figure 1a , 2b, 2f, 4a there are spelling mistakes. In figure 3 description abbreviations should be written out. All figure descriptions should be checked carefully for spelling mistakes and grammatical errors. After revision the critical points above, the article could be re-assessed for publication.

ESPS PEER-REVIEW REPORT

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Reviewer's country: Japan

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CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
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		<input type="checkbox"/> No	

COMMENTS TO AUTHORS

This manuscript is a review article of endoscopic full-thickness resection. I have some of comments described as follows. 1. There are several techniques of endoscopic full-thickness resection. Please add the table about advantages and disadvantages in each endoscopic full-thickness resection to clarify the characteristics. 2. There are several mistakes of words. Please let the manuscript be checked by a native English speaker. Minor 1. P2, L3: ESD → EMR 2. P3, L9: gastroitestinal → gastrointestinal (GI) 3. P5, L11: gastrointestinal (GI) → GI 4. P5, L23: subepithelial tumors → subepithelial tumors (SET) 5. P6, L15: subepithelial tumors (SET) → SET