

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 17997

Title: Prediction of the indication criteria for endoscopic resection of early gastric cancer

Reviewer's code: 02543905

Reviewer's country: Italy

Science editor: Ya-Juan Ma

Date sent for review: 2015-04-02 21:12

Date reviewed: 2015-04-08 06:11

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 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

I appreciate the opportunity to review the manuscript from Dr Park and colleagues. It is basically a retrospective analysis on nodal spread of early gastric cancer over a very large series of surgically resected patients. Major comments: 1. In the abstract, in the "results" section and in the discussion you cite a multivariate analysis but in the "methods" section, only cited statistical tools are of univariate fashion, please explain 2. The paper's structure appears as to be a bit confusing. All analyzed variables are presented with some redundancies and overlapping results. I would suggest, if I may, to group the patients according to a major criteria (such as M, SM1 and SM2) and then to highlight the differences as simply as you can 3. I would suggest a professional editing by a native English speaking 4. Discussion is well accomplished and documented, citations are updated and appropriate. Minor comments 1. Carefully check for typos and formatting through the text. In conclusion I believe that the paper shows some points of great interest having a large series of patients homogeneous enough to draw strong conclusions. The issue itself is of a major interest since minimal invasive surgical access are more and more required by patients themselves. Nodal status is the true crucial point in selecting patients with early gastric cancer for endoscopic or "conventional"



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surgery. The present paper is certainly well designed and conducted and draws solid and convincing conclusion that are mostly in line with similar studies from recent literature. In conclusion I believe that the present paper may be of a great interest for clinicians facing EGC and should be taken into serious consideration for publication once some adjustments will be done.



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ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 17997

Title: Prediction of the indication criteria for endoscopic resection of early gastric cancer

Reviewer's code: 02823396

Reviewer's country: Spain

Science editor: Ya-Juan Ma

Date sent for review: 2015-04-02 21:12

Date reviewed: 2015-05-22 15:44

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input checked="" type="checkbox"/> Grade A: Excellent	<input checked="" type="checkbox"/> Grade A: Priority publishing	Google Search:	<input checked="" 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 checked="" type="checkbox"/> 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"/> No	

COMMENTS TO AUTHORS

I have had the opportunity to review this interesting retrospective study, with more than 2000 patient with early gastric cancer that underwent curative treatment. The author have found that 10% of those patients have LNM, that it is associated with bad prognosis. In my opinion the most surprising data is that 14.5% of SM1 patients have LNM. Multivariate analysis confirmed that well differentiated tumor and size below 1cm were the variables associated with absence of LNM. The manuscript is well done and conclusions are solid, so we can have more information regarding proper indication of endoscopic curative treatments (EMR or ESD) in patients with early gastric cancer

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 17997

Title: Prediction of the indication criteria for endoscopic resection of early gastric cancer

Reviewer's code: 02438888

Reviewer's country: China

Science editor: Ya-Juan Ma

Date sent for review: 2015-04-02 21:12

Date reviewed: 2015-05-28 15:55

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> [Y] Accept
<input type="checkbox"/> [Y] Grade B: Very good	<input type="checkbox"/> [Y] 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"/> [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 type="checkbox"/> [Y] No	

COMMENTS TO AUTHORS

More and more patients with early gastric cancer underwent endoscopic resection (EMR or ESD), especially in East Asian countries. Lymph node metastasis is associated with poor prognosis of patients with EGC treated using endoscopic resection. So it is important to predict LNM before procedures. However, there is no consensus about reliable risk factors for LNM in EGC. Currently recommended indication for ESD to treat EGC was differentiated adenocarcinoma without ulceration confined within muscularis mucosa with diameter less than 2 cm. But some endoscopists advocated extended indication and this raised concern about the consequence of endoscopic resection in patients with EGC according to more extended indication criteria. So it is important to determine the risk factors of LNM in EGC and the safety of extended criteria for endoscopic resection in patients with EGC. This study based on Korean population showed that the risk factors for LNM in EGC were size of tumor, depth of invasion, and perilymphatic-vascular invasion. There was no lymph node metastasis in completely removed EGC below 1 cm in size regardless depth of invasion and perilymphatic invasion in specimen. The results and conclusions of this study provided helpful information for endoscopists who perform EMR or ESD for EGC patients in Korea and other



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countries. Although it was a retrospective study, the results of the study can be seen as useful evidence for making further guideline or consensus because of the large number of cases and appropriate study design.