ESPS PEER REVIEW REPORT

Name of journal: World Journal of Gastroenterology
ESPS manuscript NO: 11030
Title: Diagnosis of early gastric cancer using narrow band image and acetic acid
Reviewer code: 01802828
Science editor: Yuan Qi
Date sent for review: 2014-05-04 09:11
Date reviewed: 2014-05-11 15:16

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
[ ] Grade A: Excellent	[ ] Grade A: Priority publishing	Google Search:	[ ] Accept
[ ] Grade B: Very good	[Y] Grade B: Minor language polishing	[ ] Existing	[ ] High priority for
[Y] Grade C: Good	[ ] Grade C: A great deal of	[ ] No records	publication
[ ] Grade D: Fair	language polishing	BPG Search:	[ ] Rejection
[ ] Grade E: Poor	[ ] Grade D: Rejected	[ ] Existing	[ ] Minor revision
		[ ] No records	[Y] Major revision

COMMENTS TO AUTHORS

In the present study, the authors analyzed the usefulness of enhanced NBI Magnified endoscopy with acetic acid for prediction of histological type of early gastric cancer. EME revealed additional effect on diagnostic accuracy compared to NBI magnified endoscopy. EME is especially useful for observation of microsurface pattern of the gastric neoplasms. This manuscript is basically well-written and beneficial for readers, however there remains some queries and the author should brush up the manuscript.   Major comments 1) It is known that gastric cancer has heterogeneity in histology. Please explain how you handle the tumors with mixed histological type.   2) The author should describe the reason why EME improve diagnostic yield. I guess the unclassified lesion decreased in EME (table 4).   Minor comments 1) In NBI-EME combination section; The used endoscope is GIF-Q260Z. Is it right? I think it's GIF-H260Z.   2) The author should mention table 1 in the manscript.

ESPS PEER REVIEW REPORT

Name of journal: World Journal of Gastroenterology
ESPS manuscript NO: 11030
Title: Diagnosis of early gastric cancer using narrow band image and acetic acid
Reviewer code: 02729987
Science editor: Yuan Qi
Date sent for review: 2014-05-04 09:11
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CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
[ ] Grade A: Excellent	[ ] Grade A: Priority publishing	Google Search:	[ ] Accept
[ ] Grade B: Very good	[ ] Grade B: Minor language polishing	[ ] Existing	[ ] High priority for
[ ] Grade C: Good	[ ] Grade C: A great deal of	[ ] No records	publication
[Y] Grade D: Fair	language polishing	BPG Search:	[Y] Rejection
[ ] Grade E: Poor	[Y] Grade D: Rejected	[ ] Existing	[ ] Minor revision
		[ ] No records	[ ] Major revision

COMMENTS TO AUTHORS

Manuscript: Diagnosis of early gastric cancer using narrow band image and acetic acid   The authors combined NBI-magnification endoscopy and enhanced-magnification endoscopy with acetic acid (EME), NBI-EME combination, to determine whether the MV and mucosal surface (MS) patterns of depressed-type early gastric cancer (EGC) can precisely predict the histological type. First, depressed-type EGCs were classified by the Microvascular (MV) patterns by NBI-ME, subsequently, EGCs unclassified by MV patterns were classified by Mucosal Surface (MS) patterns by EME. I think that this is a well-written manuscript, although the combination of NBI+EME in early gastric cancer is not new. There are previous published data showing that early gastric cancer is better recognized using NBI-EME in comparison with conventional ME, ME with narrow band imaging and enhanced-magnification endoscopy with acetic acid (Kadowaki S et al. Ease of early gastric cancer demarcation recognition: a comparison of four magnifying endoscopy methods. J Gastroenterol Hepatol. 2009; 24:1625-30). Recently Eleftheriadis et al described the successful evaluation of early gastric cancer with NBI magnification after acetic acid spray and they concluded that, acetic acid spray enhances the accuracy of NBI magnification endoscopy in differentiating malignant from benign superficial gastric lesions, especially in controversial cases. A novel 4-type NBI magnifying endoscopic classification after acetic acid spray for early gastric cancer is proposed (Eleftheriadis N et al. Acetic acid spray enhances accuracy of narrow-band imaging magnifying endoscopy for endoscopic tissue characterization of early gastric cancer. Gastrointest Endosc. 2014; 79:712). Of

course that further studies are necessary to confirm this and probably new studies in this area will try to follow this path. There are also other studies that reported that the mucosal surface of gastric cancer as evaluated by EME can be classified into several surface structure patterns (Tanaka et al. Features of early gastric cancer and gastric adenoma by enhanced-magnification endoscopy. J Gastroenterol. 2006; 41:332-8). In this study, in regard to the diagnosis of undifferentiated adenocarcinoma, there was no association with MS patterns diagnosed by EME. So, there is nothing really new described here, EME was only used in unclassified MV patterns by NBI-ME and there was no association with MS patterns diagnosed by EME and undifferentiated adenocarcinoma.   Several important references are missing in this paper: Eleftheriadis N, Inoue H, Ikeda H, Onimaru M, Yoshida A, Maselli R, Santi G, Kudo SE. Acetic acid spray enhances accuracy of narrow-band imaging magnifying endoscopy for endoscopic tissue characterization of early gastric cancer. Gastrointest Endosc. 2014; 79:712.   Kadowaki S, Tanaka K, Toyoda H, Kosaka R, Imoto I, Hamada Y, Katsurahara M, Inoue H, Aoki M, Noda T, Yamada T, Takei Y, Katayama N. Ease of early gastric cancer demarcation recognition: a comparison of four magnifying endoscopy methods. J Gastroenterol Hepatol. 2009;24: 1625-30   Ahn JY, Jung HY, Choi KD, Choi JY, Kim MY, Lee JH, Choi KS, Kim do H, Song HJ, Lee GH, Kim JH, Park YS. Endoscopic and oncologic outcomes after endoscopic resection for early gastric cancer: 1370 cases of absolute and extended indications. Gastrointest Endosc. 2011; 74:485-93   Kosaka R, Tanaka K, Tano S, Takayama R, Nishikawa K, Hamada Y, Toyoda H, Ninomiya K, Katsurahara M, Inoue H, Horiki N, Katayama N, Takei Y. Magnifying endoscopy for diagnosis of residual/local recurrent gastric neoplasms after previous endoscopic treatment. Surg Endosc. 2012; 26:2299-305.   Tao G, Xing-Hua L, Ai-Ming Y, Wei-Xun Z, Fang Y, Xi W, Li-Yin W, Chong-Mei L, Gui-Jun F, Hui-Jun S, Dong-Sheng W, Yue L, Xiao-Qing L, Jia-Ming Q. Enhanced magnifying endoscopy for differential diagnosis of superficial gastric lesions identified with white-light endoscopy. Gastric Cancer. 2014; 17:122-9

ESPS PEER REVIEW REPORT

Name of journal: World Journal of Gastroenterology
ESPS manuscript NO: 11030
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Science editor: Yuan Qi
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CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
[ ] Grade A: Excellent	[Y] Grade A: Priority publishing	Google Search:	[ ] Accept
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[Y] Grade C: Good	[ ] Grade C: A great deal of	[ ] No records	publication
[ ] Grade D: Fair	language polishing	BPG Search:	[ ] Rejection
[ ] Grade E: Poor	[ ] Grade D: Rejected	[ ] Existing	[ ] Minor revision
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COMMENTS TO AUTHORS

Comments to "Diagnosis of early gastric cancer using narrow band image and acetic acid" in World Journal of Gastroenterology -----------------   Matsuo et al. presented an interesting paper concerning the combination of NBI-ME and EME in diagnosis of early gastric cancer. In fact, as we can see in previous reports, either of the methods could be applied to predicate the histological types of the lesions, however, both of them lack enough accuracy when the samples were finally checked by histological methods. In the current study, the authors trying to further increase the accuracy by combination both of the above methods, the results indicated that 84.4% lesions were matched with histological diagnosis at last. Although most of descriptions within the paper are interesting, the paper includes required features.   1. In the Results section, two of the three figures of Figure 1 and Figure 2 are duplicated, I don't think it is necessary to separate these identical figures. All the figures should be equal in measure. In addition, the authors should provide a normal control of MV as well as MS patterns to make a comparison with their results.   2. The authors performed the statistical analysis for Table 2 #1 and #2, however, these results were only stated in the manuscript but not under or inside the tables, which make the results hard to read.   3. In the Results section, the authors claimed: "…and 58 of 59 lesions, including 25 with fine-network patterns and 34 with MS patterns, were adequately diagnosed as differentiated adenocarcinoma (98.3%)…, I have read the paper for many times but still hard to understand the data.   4. The authors first examined the samples with NBI-ME and then with EME for the samples cannot be classified by the former, since the authors

provided the data of NBI-ME alone, I think it is necessary to provide the data for EME alone and then make an analysis for these two methods.

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COMMENTS TO AUTHORS

Title Diagnosis of early gastric cancer using narrow band image and acetic acid   Comments Authors demonstrated that the combination of two endoscopic enhancing methods – narrow-band imaging magnification endoscopy (NBI-ME) and enhanced-magnification endoscopy with acetic acid (EME) – could be useful to predict the histological type of early gastric cancer of depressed-type.   In my opinion, the study design needs more statistic work and the results need to be more elaborated. This article could be published in Journal of Gastroenterology should the authors are willing to incorporate some major revision points, as follows.   Methods   It does not seem clear if EME was performed for ALL lesions or only for those lesions unclassified by NBI-ME. Importance should be given to comparison between both endoscopic methods (NBI-ME and EME) and their value in predicting histologic diagnosis. The McNemar test or Kappa value is usefull to establish this analysis. Results According to the results presented, the EME evaluation was performed only for those tumors that remained unclassified after NBI-ME. It would be much more interesting to present the results for EME if they were really performed in all lesions.   Discussion Authors should elaborate more specifically on the value of predicting histological type differentiation, since the proper histologic diagnosis in biopsy specimens is required for every treatment modality in gastric cancer. What is the contribution?   References References are all before 2009 or 2010. Why? There were a few papers similar to this one published more recently that could have been mentioned.   Tables Tables 2, 3 and 4 are missing the total number of lesions analyzed in each of them.

ESPS PEER REVIEW REPORT

Name of journal: World Journal of Gastroenterology
ESPS manuscript NO: 11030
Title: Diagnosis of early gastric cancer using narrow band image and acetic acid
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CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
[ ] Grade A: Excellent	[ ] Grade A: Priority publishing	Google Search:	[ ] Accept
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[Y] Grade C: Good	[ ] Grade C: A great deal of	[ ] No records	publication
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COMMENTS TO AUTHORS

The paper entitled "diagnosis of early gastric cancer using narrow band image and acetic acid" by Ken Matsuo et al. showed that the prediction of the histological type of depressed-type EGCs is more precise with NBI-EME combination than with NBI-ME or EME alone. The major point of the paper is that EME is more useful than ME for MS patterns evaluation. The reviewer has only two comments. 1. The author should describe in detail how to judge MS pattern like the width of crypt in the materials and methods. 2. In the discussion, the authors should discuss more about their results.