

## ESPS PEER-REVIEW REPORT

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

**ESPS manuscript NO:** 19996

**Title:** Endoscopy versus surgery in the treatment of early gastric cancer: systematic review

**Reviewer's code:** 00004678

**Reviewer's country:** Germany

**Science editor:** Jing Yu

**Date sent for review:** 2015-05-28 19:37

**Date reviewed:** 2015-05-29 16:16

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

very careful meta-analysis on gastric cancer and treatment modalities in early gastric cancer. I have no further comments on this manuscript!

## ESPS PEER-REVIEW REPORT

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

**ESPS manuscript NO:** 19996

**Title:** Endoscopy versus surgery in the treatment of early gastric cancer: systematic review

**Reviewer's code:** 02948135

**Reviewer's country:** United Kingdom

**Science editor:** Jing Yu

**Date sent for review:** 2015-05-28 19:37

**Date reviewed:** 2015-05-30 06:39

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input checked="" type="checkbox"/> Grade A: Priority publishing	Google 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

Dear Authors, This is a well written paper. It highlights the current evidence of use endoscopy versus surgery for EGC. I have the following points if you address they will add more clarifications to the readers: 1. The old paper that published in 1990s should be excluded because of early experience with endoscopic resection and or assessment. 2. Surgery group: patients who have full post operative histopathology assessment [including lymph node status], staging and grading that doesn't fit definition of EGC should be excluded from the current study. [Postoperative pathological examination may have shown advanced stage rather than early gastric cancer stage]. Exclusion of these patients will add more strength to the evidence. 3. We have to be cautious about the extended criteria patients as limited number of authors reporting equivalent outcomes to surgery and the expected inadequate endoscopic resection or recurrence would be the case. 4. Complete resection after endoscopy and surgery: most studies are old and they don't represent current practice [fig.7].