

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 18406

Title: Over-the-scope clip to close a gastrocutaneous fistula after esophagectomy for esophageal squamous cell carcinoma

Reviewer's code: 03262127

Reviewer's country: Russia

Science editor: Jing Yu

Date sent for review: 2015-04-21 12:58

Date reviewed: 2015-04-26 09:00

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"/> 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 checked="" 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 checked="" type="checkbox"/> No	

COMMENTS TO AUTHORS

Review of the Manuscript 20150419202750 1) Presentation of a case is incomplete. Many important patient and treatment data are not described. Location of the primary tumor? Final pathological stage of the primary tumor? Operative approach for esophagectomy? (Ivor Lewis, left thoracoabdominal or other) and level of the esophagogastric anastomosis. Location of the fistula on the skin (thoracotomy scar? thoracic tube scar? other?) Location of the fistula orifice in the stomach (staple line on minor curve? Major curve? Anterior or posterior wall?) Distance between the anastomosis and fistula based on endoscopic data? Did the patient receive any additional oncological treatment (irradiation, chemotherapy or both)? How to explain so very long period of tube (nasojejunal) feeding - 28 months? I think the Authors will be invited to comment this fact in the text of the manuscript. 2) There are some spelling and stylistic errors in the text: a space instead point between the parts of the Author's names (e.g. Tingsheng.Ling) is needed; water tight closure (watertight is better) "little pus could be seen" is not good expression "1cm by 1cm" can be replaced by "1 x 1 cm" The gastric aspect of the fistula was successfully closed with OTSC-system ?



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(11/6t) (Ovesco Endoscopy GmbH, Tübingen, Germany)(Fig. 3). – in this phrase, three parts of text are parenthesized and this is not good looking. A number of sentences are cumbersome (e.g.: “The contrast medium (Omnipaque) study performed through the endoscope verified the water tight closure of the fistula (Fig 5) and closure of the fistula was also confirmed by the inability to leak a contrast agent through the fistula into the wall of the chest to stomach (Fig 6).” or “It almost has been 14 months since the patient first came to our hospital on February and he is completely recovered now from our previous following-up on April 1st , 2015.” However, despite these weaknesses (that are correctable) the paper is interesting and innovating and deserves publication in WJG after careful editing.

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 18406

Title: Over-the-scope clip to close a gastrocutaneous fistula after esophagectomy for esophageal squamous cell carcinoma

Reviewer's code: 02574001

Reviewer's country: United States

Science editor: Jing Yu

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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
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		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

COMMENTS TO AUTHORS

Do you have contrast study demonstrating fistula? What type of esophagectomy was done? Where in the stomach was the fistula located? How far into the chest wall fistula was the tube inserted? Do you think the tube allowed externalization of fistula and closure without need for clip? Can you describe how the clip is actually applied? For those not familiar with the OTSC system, seeing a photo of the device might help.