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ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 27927

Title: Full-thickness myotomy is associated with higher rate of postoperative gastroesophageal reflux disease

Reviewer's code: 03647016

Reviewer's country: Ireland

Science editor: Jing Yu

Date sent for review: 2016-06-22 13:42

Date reviewed: 2016-08-18 21:19

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

The authors have presented interesting new insights on iatrogenic GERD rates for different types of POEM procedures for a respectable follow-up period. The only concern would be the high drop-out rate which the authors have correctly identified could bias the GERD rate to the high-side (would suggest the direction of bias is noted in Discussion section). It might be helpful to breakdown the drop-out by surgery type to better assess this bias, although I do not feel it would change the study conclusions.



ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 27927

Title: Full-thickness myotomy is associated with higher rate of postoperative gastroesophageal reflux disease

Reviewer’s code: 03647860

Reviewer’s country: United Kingdom

Science editor: Jing Yu

Date sent for review: 2016-06-22 13:42

Date reviewed: 2016-08-26 17:55

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

Full-thickness myotomy is associated with higher rate of postoperative gastroesophageal reflux disease by Wang XH et al. In this study the Authors analyze the result of POEM and the incidence of GERD in a group of 56 patients who underwent POEM for esophageal achalasia and received a full assessment for GERD 3 years after the procedure. GERD assessment included evaluation of symptoms, HRM, pH monitoring, endoscopy and symptoms evaluation. The subjective outcome of POEM for treating achalasia was evaluated by means of the Eckardt score. Thirty two patients received only partial myotomy and 24 full thickness myotomy. The result on dysphagia control was the same in the two groups, but patients with full thickness myotomy had a higher incidence of post-op clinically relevant GERD This is an interesting and overall well done manuscript dealing with a quite controversial issue, as it is the occurrence of reflux after POEM. As the Authors state GERd after POEM has been reported in a range between 0 and 50% and this Ms may help to clarify this issue. There are several points that need to be improved before full acceptance of the MS. Major points: 1. How the patients were selected to have circular or full thickness myotomy? This is a very



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important point and should be addressed? 2. How many endoscopists were involved? 3. How many patients (if any) had prior treatment(s) 4. How many patients (if any) had a sigmoid megaesophagus 5. How many patients were classified as having a type 1, 2 or three achalasia? 6. How was identified the “upper” limit of the LES for positioning the pH Probe? 7. Please report all the data of pH monitoring, including overall acid exposure, postprandial and supine, number of reflux and duration of the longest reflux episode (it is possible that some differences emerge in pH patterns and help to differentiate those patients developing esophagitis by those who did not) 8. How many patients were taking PPI or antacid medication? (you state that antacid medications were withdrawn 7 days before the test) 9. How were the “pseudorefluxes” defined: this is another mandatory information needed to improve the Ms. 10. Can the Authors provide further informations on patients who had +ve ph monitoring without symptoms and/or esophagitis. Do they develop symptoms or esophagitis further on? 11. The discussion can be substantially shortened. Minor points: 1. English language and structure should be improved by a careful revision made by an English mother tongue professional medical writer. Abstract: 2. Altered reflux: probably abnormal reflux is a better word 3. In the sentence. “patients with full-thickness myotomy and low postoperative 4sIRP may have a higher rate of clinically relevant GERD”. may is superfluous: either the patients had or had not reflux Introduction 4. In the last sentence what does it mean: “identify the predictive factors “. Predictive factors for what? Please explain. Results 5. Page 10 GRED it is GERD 6. Page 11 Barrette’s esophagus should be Barrett’s esophagus 7. Page 13 Von RD should be Von Renteln 8. Page 14 achalsia is achalasia



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ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 27927

Title: Full-thickness myotomy is associated with higher rate of postoperative gastroesophageal reflux disease

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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 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 type="checkbox"/> No	

COMMENTS TO AUTHORS

The authors are to be congratulated on an excellent study! Since the study is not describing a new procedure, the editor may wish to have the photos describing the procedure excluded from the manuscript.