

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 22199

Title: Implantation of esophageal cancer onto post-dissection ulcer after gastric endoscopic submucosal dissection

Reviewer's code: 00069471

Reviewer's country: Japan

Science editor: Jing Yu

Date sent for review: 2015-08-21 08:23

Date reviewed: 2015-08-24 09:05

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

This is a very valuable case where SCC implantation on a post-ESD ulcer of the stomach occurred. This case report gives us an important suggestion in terms of clinical practice, and the discussion is well structured.

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 22199

Title: Implantation of esophageal cancer onto post-dissection ulcer after gastric endoscopic submucosal dissection

Reviewer's code: 03016888

Reviewer's country: Japan

Science editor: Jing Yu

Date sent for review: 2015-08-21 08:23

Date reviewed: 2015-08-25 11:04

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 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

Dr. Asai et al. reported a case of implantation of esophageal cancer to gastric ulcer after ESD for early gastric cancer. This case is very rare but very important to treat such double cancers, and we have to keep such case in our mind when treating. This SCC lesion in stomach was generally considered as implantation from EC, or hematogeneous metastasis from EC or other cancer, or primary squamous cell gastric cancer. 1. The authors followed up this patients up to 1 year, and they confirmed no other lesions suggesting intramural metastasis in the stomach. No distant metastasis was confirmed by CT scan or PET scan through the clinical course? 2. The authors denied the possibility of primary gastric squamous cell cancer because this histological type was just rare. Did the authors have any other reasonable consideration? 3. Endoscopic examination and treatment (EVL and ESD) were carried out for this patients before detecting gastric SCC tumour. How many times of endoscopy were carried out from the date of ESD to ulcer healing? Was frequent endoscopy associated with implantation of EC?

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 22199

Title: Implantation of esophageal cancer onto post-dissection ulcer after gastric endoscopic submucosal dissection

Reviewer's code: 00504427

Reviewer's country: Japan

Science editor: Jing Yu

Date sent for review: 2015-08-21 08:23

Date reviewed: 2015-09-03 21:48

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 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

A case of implantation of esophageal cancer to gastric ulcer after ESD is extremely rare. In this report, implantation of esophageal cancer cells is strongly suspected through the clinical course and endoscopic findings. It's hardly like that the possibility of hematogenous metastasis or intramural metastasis of esophageal cancers. It is also quite unlikely to think that the primary squamous cell carcinoma grows directly under the post ESD scar of stomach. From this point of view, the discussion paragraph is well structured and includes useful information for readers. I believe that this case report could be helpful for readers to treat double cancers of gastrointestinal tract. I thoroughly reviewed the article and all references, and confirm the accuracy of the contents. However, some revisions will make this report more comprehensive, and make it possible for publication. Please respond to reviewer's comments as described below. Reviewer's comments: Major After ESD, follow-up endoscopy is routinely performed to confirm whether any complications such as bleeding or perforation are occurred or not. However, implantation of cancer cells of other lesions into the ESD ulcer is extremely rare. In the discussion paragraph, authors describe several possibilities which



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could be related to the implantation of esophageal cancers into ESD ulcer. Among these factors, EVL and APC procedures after ESD were unusual compared with regular cases. Are these frequent endoscopic approaches for esophagus most likely associated with implantation of esophageal cancers? How about the relationship of flexible overtube used for EVL procedures and the exfoliation of esophageal cancer cells? Authors should give much more information in this point and make precise discussion in greater detail. Reviewer's comments: Minor Consent Form submitted by authors is inadequate. It include only informed consent for medical treatments. Journal publishers require authors to get patients' consent to publication of medical information about them. It has been considered that case reports do not require informed consent if researchers can protect the right to anonymity and confidentiality. However, research on anonymized data contains the risk of de-anonymization by combining the anonymized data with other open information sources. Therefore, authors should understand that it is better to acquire informed consent by those involved in the case reports, even if we believe that the anonymity and confidentiality of the patient is being ensured.