



ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology
ESPS manuscript NO: 30963
Title: Endosonographic Surveillance of 1-3 cm Gastric Submucosal Tumors Originating from Muscularis Propria
Reviewer's code: 02542439
Reviewer's country: Japan
Science editor: Yuan Qi
Date sent for review: 2016-10-25 15:28
Date reviewed: 2016-10-26 15:48

Table with 4 columns: CLASSIFICATION, LANGUAGE EVALUATION, SCIENTIFIC MISCONDUCT, CONCLUSION. It contains checkboxes for various quality and misconduct criteria.

COMMENTS TO AUTHORS

Title: Endosonographic Surveillance of 1-3 cm Gastric Submucosal Tumors Originating from Muscularis Propria Version: 1 Date: 26 Oct 2016 Reviewer's comment to the author In the surveillance of submucosal tumors (SMT), the natural course during long term is still unclear, and only small number of papers exist. Here, authors describe that EUS surveillance is optimal for small gastric myogenic submucosal tumors without immediately obtaining tissue. In this review of 1725 EUS surveillances for gastric submucosal tumors from the 14 years of medical records, authors conclude as follows; Tumor progression is a good predictor for differentiating GISTs from leiomyomas. Risk factors for tumor progression include a larger tumor and irregular borders. An initial tumor size >14.0mm may be considered a cut-off size for predicting tumor progression. This important study is well analyzed and summarized although retrospective fashion and small sample number. And also, this result provides us an important information (Long term surveillance, EUS surveillance interval, a cut-off value of tumor size of >14.0mm) in the management of small SMT. However, I would like to suggest some issues of this article with several comments and criticisms as



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following. 1. The abbreviation of muscularis propria should be not MM, correctly MP. MM means generally muscularis mucosae. 2. Introduction (Page4 line8) 2 When EUS reveals a hypoechoic submucosal tumor originating from muscularis propria (SMTMP) in the stomach??? The abbreviation of submucosal tumor originating from muscularis propria should be initially mentioned in introduction session. 3. Materials and Methods: In this session of EUS modality and examination, EUS interval should be defined in the study. For exam: The decision of the EUS interval ultimately depended on the discretion of the clinician in this study. 4. Results: Among another 12 patients in progressive subgroup, we followed up them until 2016. 2 patients eventually underwent surgery and were confirmed GISTs in low malignant potential. Let me mention the reason why these 2 patients underwent surgery (tumor progression/ patient's willing, etc). 5. Discussion (Page10 line8—Page11 line6) EUS can detect the tumor's size, border,????~However, its accuracy is reduced when the tumor is small or difficult to approach.12Furthermore, EUS FNA cannot provide adequate information for the evaluation of mitotic count. These sentences are repeated and duplicative in the session of introduction and discussion. Thus, the discussion are needed to be summarized shortly and clearly. 6. References Ref. no 8 and 14 are same. Thus, please modify Ref no. thorough the whole text.



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Reviewer's code: 00225277

Reviewer's country: Spain

Science editor: Yuan Qi

Date sent for review: 2016-10-25 15:28

Date reviewed: 2016-11-20 02:58

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
<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 type="checkbox"/> Plagiarism	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input 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 type="checkbox"/> No	

COMMENTS TO AUTHORS

GIST are one of the most common mesenchymal tumors of the GI tract, and size is the most important parameter for making surgical decisions. The general rule is surveillance in less than 3 cm in diameter GIST. There is scarce data on evolution because of the low frequency of these lesions. The authors made a good revision on the EUS images and size in a series of submucosal tumors originating in muscularis propria in the stomach. The malignant potential of GIST (EUS images and histological data) described in the Discussion should be moved to the Methods section since the data have been studied and reported in the Results and Table 2. Figure 2 needs some other additional information to more easily understood why the authors consider 1.4 cm the optimal size predicting potential tumor progression. The Results and Discussion are adequate and conclusions are in accordance with the results and bibliography available. Some spelling errors should be corrected. The paper is interesting and needs only few minor corrections for acceptance to be published.