



ESPS PEER-REVIEW REPORT

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Title: Usefulness of a novel slim type FlushKnife-BT over conventional FlushKnife-BT in esophageal ESD

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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

Nowadays endoscopic submucosal dissection (EMD) is widely used in endoscopic treatment of superficial digestive tract lesions. One of the main aspects in its application is related to the devices used, which are in continuous evolution. This paper is devoted to comparing an enhanced device with a previous version. Theoretically, the new device facilitates use in a standard scope with 2.8 mm of working channel. The paper compares a new and an older device with respect to the ability of insertion and suction in the laboratory as well as the resection speed by the measurement of the mm² per minute in esophageal lesions in clinical practice. The treatment only the esophageal lesions and the retrospective nature of the study are not clearly stated in the Introduction and in Material and Methods. These data should be included in the Introduction and in Methods Sections. Why did the authors only include esophageal lesions? In “Methods Functional Experiment section”, the resistance of insertion needs some information regarding the measuring instrument by the NIDEC-SHIMPO CORPORATION, because most of the readers will not know, not only this corporation, but also the method in which measurement is obtained. The evaluation of the water-jet is correct, probably



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because it only depends on the diameter of the device channel. Nevertheless, the authors did not consider if the endoscopy angle had any influence on the flushing ability. In Methods, all the data evaluated should be included, and the extension of the lesions in relationship with the percentage of circumference affected has been included in "Table 1 patient lesion characteristics" and in the Results section but not in Methods. Although there are some statistical differences between the use of these two devices the number of patients included was very low, which is also commented by the authors. However, the only explanation is the retrospective nature of the study, which is only stated at the end of the Discussion. Since this study is limited to the treatment of esophageal lesions, the comment on the use of this device in other localizations should be excluded in the Discussion. Acronyms should be used at least in the tables The authors also comment that the use of this device should be tested by other less experienced operators. In the retrospective series described a total of 49 patients were treated with a total of 56 ESD procedures. Were the rest of the procedures done by these two devices? Were all the lesions included in figure 5 esophageal lesions? If not, figure 5 should be changed. In summary, the authors demonstrate that the thinnest device has real advantages over the older model, but the small number of cases included did not allow achieving statistical significance in some of the aspects analyzed, and they assume that the suction facilities due to the reduction of the diameter of the new device is the main reason for these advantages. It is not clear why these advantages were not clearly found in small lesions. Some changes must be made before this paper can be accepted for publication.