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PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

Manuscript NO: 70961

Title: Curative resection with endoscopic submucosal dissection of early gastric cancer

in Helicobacter pylori-negative Ménétrier's disease: A case report

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 00074490 Position: Peer Reviewer Academic degree: PhD

Professional title: Chief Doctor

Reviewer's Country/Territory: China

Author's Country/Territory: Japan

Manuscript submission date: 2021-10-02

Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-10-03 15:51

Reviewer performed review: 2021-10-03 15:55

Review time: 1 Hour

| Scientific quality | [Y] Grade A: Excellent [] Grade B: Very good [] Grade C: Good [] Grade D: Fair [] Grade E: Do not publish |
|--------------------|--|
| Language quality | [Y] Grade A: Priority publishing [] Grade B: Minor language polishing [] Grade C: A great deal of language polishing [] Grade D: Rejection |
| Conclusion | [Y] Accept (High priority) [] Accept (General priority) [] Minor revision [] Major revision [] Rejection |
| Re-review | []Yes [Y]No |



Baishideng **Publishing**

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Peer-reviewer statements

Peer-Review: [Y] Anonymous [] Onymous

Conflicts-of-Interest: [] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

The authors describe a case of H. pylori-negative Ménétrier's disease with early gastric cancer, in which complete curative resection was achieved through endoscopic submucosal dissection. Although there have been about 80 case reports on gastric cancer in adult-onset Ménétrier's disease, few have reported early-stage cancers. Our literature search found four case reports of Ménétrier's disease with early gastric cancer that recorded endoscopic findings and H. pylori infection status (two cases were H. pylori positive and three, including the present one, H. pylori negative). The case report is well wriiten and of clinical relevance. No specific comment.



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Peer-review model: Single blind

Reviewer's code: 03296720 Position: Peer Reviewer Academic degree: MD

Professional title: Doctor

Reviewer's Country/Territory: China

Author's Country/Territory: Japan

Manuscript submission date: 2021-10-02

Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-10-05 16:05

Reviewer performed review: 2021-10-08 15:54

Review time: 2 Days and 23 Hours

| Scientific quality | [] Grade A: Excellent [Y] Grade B: Very good [] Grade C: Good [] Grade D: Fair [] Grade E: Do not publish |
|--------------------|--|
| Language quality | [Y] Grade A: Priority publishing [] Grade B: Minor language polishing [] Grade C: A great deal of language polishing [] Grade D: Rejection |
| Conclusion | [Y] Accept (High priority) [] Accept (General priority) [] Minor revision [] Major revision [] Rejection |
| Re-review | [Y]Yes []No |



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Peer-reviewer

Peer-Review: [Y] Anonymous [] Onymous

statements

Conflicts-of-Interest: [] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

I enjoyed reading this study entitled "Curative resection with endoscopic submucosal dissection of early gastric cancer in Helicobacter pylori-negative Ménétrier's disease: A case report". Several comments are as follows: (1) Computed tomography of the abdomen findings about the protruding lesion in stomach and whether there were enlarged lymph nodes around should be described. (2) I would like to know if the patient had any gastroscopy or barium examination results before the disease occurred.

I wonder to know whether the causes of the Ménétrier's disease, such as autoimmunity, virus infection or parasite, had been excluded. (4) the During follow-up period, whether the patient's anemia symptoms improved should be described. (5) As for the outcome, the giant rugae regressed spontaneously and hypoproteinemia improved gradually after ESD with no special therapeutic agents treatment, whether it means that the giant rugae and hypoproteinemia were caused by the protuberant lesions which was finally confirmed as early gastric cancer. (6) In figure 4, a magnification bar should be included in the photos. (7) In figure 5, Picture A and B should be described separately.



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Peer-review model: Single blind

Reviewer's code: 05548741 Position: Peer Reviewer Academic degree: MD

Professional title: Doctor

Reviewer's Country/Territory: Japan

Author's Country/Territory: Japan

Manuscript submission date: 2021-10-02

Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-10-08 10:32

Reviewer performed review: 2021-10-17 09:21

Review time: 8 Days and 22 Hours

| Scientific quality | [] Grade A: Excellent [Y] Grade B: Very good [] Grade C: Good [] Grade D: Fair [] Grade E: Do not publish |
|--------------------|--|
| Language quality | [] Grade A: Priority publishing [Y] Grade B: Minor language polishing [] Grade C: A great deal of language polishing [] Grade D: Rejection |
| Conclusion | [] Accept (High priority) [] Accept (General priority) [Y] Minor revision [] Major revision [] Rejection |
| Re-review | [Y]Yes []No |



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Peer-reviewer statements

Peer-Review: [Y] Anonymous [] Onymous

Conflicts-of-Interest: [] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

This is the first report of early-stage gastric cancer detected in a patient with H.pylori-negative Ménétrier's disease in which complete curative resection was achieved with ESD. This case is very rare and interesting. However, I have some contents that you should add it. I write below some comment. 1. You performed only serum IgG antibodies about inspection of the H.pylori. When it is only one method, there is possibility of the false-negative. You should add another method to clarify HP negative.

2. The histological diagnosis from biopsy was Goup2, but you suspected a cancer endoscopically. You might observe the lesion by NBI. Please add the views if you observed it by NBI. 3. Please add the existence of lymphovascular invasion and UL in histological result of ESD. 4. This case is very rare. I want to know whether this tumor is gastric type or intestinal type. You had better add the immunostaining of mucin phenotype. (For example, MUC2, MUC5AC, MUC6)