

PEER-REVIEW REPORT

Name of journal: *World Journal of Gastroenterology*

Manuscript NO: 84632

Title: Non-exposed endoscopic wall-inversion surgery with one-step nucleic acid amplification for early gastrointestinal tumors: Personal experience and literature review

Provenance and peer review: Invited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 02954068

Position: Peer Reviewer

Academic degree: MD

Professional title: Doctor

Reviewer's Country/Territory: Japan

Author's Country/Territory: Italy

Manuscript submission date: 2023-03-25

Reviewer chosen by: AI Technique

Reviewer accepted review: 2023-04-08 01:21

Reviewer performed review: 2023-04-08 04:27

Review time: 3 Hours

Scientific quality	☐ Grade A: Excellent ☐ Grade B: Very good ☒ Grade C: Good ☐ Grade D: Fair ☐ Grade E: Do not publish
Novelty of this manuscript	☐ Grade A: Excellent ☐ Grade B: Good ☒ Grade C: Fair ☐ Grade D: No novelty

Creativity or innovation of this manuscript	☐ Grade A: Excellent ☒ Grade B: Good ☐ Grade C: Fair ☐ Grade D: No creativity or innovation
Scientific significance of the conclusion in this manuscript	☐ Grade A: Excellent ☒ Grade B: Good ☐ Grade C: Fair ☐ Grade D: No scientific significance
Language quality	☐ Grade A: Priority publishing ☒ Grade B: Minor language polishing ☐ Grade C: A great deal of language polishing ☐ Grade D: Rejection
Conclusion	☐ Accept (High priority) ☐ Accept (General priority) ☐ Minor revision ☒ Major revision ☐ Rejection
Re-review	☐ Yes ☒ No
Peer-reviewer statements	Peer-Review: ☒ Anonymous ☐ Onymous
	Conflicts-of-Interest: ☐ Yes ☒ No

SPECIFIC COMMENTS TO AUTHORS

This is a pilot study and a literature review regarding the feasibility and usefulness of one-step nucleic acid amplification (OSNA) on non-exposed endoscopic wall-inversion surgery (NEWS) with sentinel node navigation surgery (SNNS) in gastric and colorectal cancers. The authors should be congratulated on this novel challenge for more efficient strategy in performing a minimally-invasive and function-preserving surgery. However, some concerns are raised as below. Major: 1. The SNNS concept is being established in early gastric cancer, but still not in colorectal cancers. Colorectal sentinel node basins are still not defined. Usefulness of SN basin dissection for curative resection is also not investigated. In this situation, if SNNS by using OSNA is effective cannot be determined, particularly in colorectal cancers. It would be nice that this limitation should be acknowledged in the Discussion section and the Conclusion should be cautiously described. 2. Colorectal NEWS is not commonly performed. The colonic wall is very

thin compared to the stomach, which may increase the risk of intraoperative perforation. Furthermore, the postoperative stricture might occur according to the direction of suturing. The details of surgical procedure should be precisely described. 3. In gastric SNNS, a dual tracer method by using ICG and radioisotopes is generally recommended, whereas a single tracer method is used in this study. Any comments should be made as a limitation. 4. This is a single center pilot study in a super-small number of patients, which should be acknowledged as a critical limitation. Minor: 1. The introduction seems redundant. The authors should focus on relevant issues in this study. 2. There are millions of paragraphs in the Discussion, which hamper comfortable reading. That should be reconstructed. 3. Regarding the complication rate, “an intrabdominal fluid collection treated conservatively was observed in 1 (1.0%) patient of the gastric group (table 2)” should be 10%. 4. The observational period should be described to refer to the prognosis.

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Peer-review model: Single blind

Reviewer's code: 03656606

Position: Peer Reviewer

Academic degree: 博士, MD, PhD

Professional title: 教授, Chief Doctor, Director, Professor

Reviewer's Country/Territory: China

Author's Country/Territory: Italy

Manuscript submission date: 2023-03-25

Reviewer chosen by: Geng-Long Liu

Reviewer accepted review: 2023-04-17 00:46

Reviewer performed review: 2023-04-17 13:43

Review time: 12 Hours

Scientific quality	☐ Grade A: Excellent ☐ Grade B: Very good ☒ Grade C: Good ☐ Grade D: Fair ☐ Grade E: Do not publish
Novelty of this manuscript	☐ Grade A: Excellent ☒ Grade B: Good ☐ Grade C: Fair ☐ Grade D: No novelty

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Re-review	☐ Yes ☒ No
Peer-reviewer statements	Peer-Review: ☒ Anonymous ☐ Onymous
	Conflicts-of-Interest: ☐ Yes ☒ No

SPECIFIC COMMENTS TO AUTHORS

This study of Non-exposed endoscopic wall-inversion surgery (NEWS) combined with sentinel lymph node (SLN) biopsy and intraoperative OSNA assay was conducted to assess the treatment of early gastric and colonic cancer that are not amenable to conventional endoscopic resection techniques. Discovered that this is an effective and safe technique and allows to have additional information on the lymph node status intraoperatively. However, the small number of patients collected in this study has affected the scientific validity of the research results. The selected patients were all patients without lymph node metastasis, and the validation of the intraoperative sentinel lymph node biopsy technique in this study was insufficient.