

# PEER-REVIEW REPORT

Name of journal: World Journal of Gastrointestinal Surgery

Manuscript NO: 68470

Title: GASTRIC ENDOSCOPIC SUBMUCOSAL DISSECTION IN WESTERN

COUNTRIES: INDICATIONS, APPLICATIONS, EFFICACY AND TRAINING

**PERSPECTIVE** 

Reviewer's code: 04087607 Position: Peer Reviewer Academic degree: MD

**Professional title:** Doctor

Reviewer's Country/Territory: Japan

**Author's Country/Territory:** Italy

Manuscript submission date: 2021-05-24

Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-05-25 03:21

Reviewer performed review: 2021-05-25 05:06

Review time: 1 Hour

Scientific quality	[ ] Grade A: Excellent [Y] Grade B: Very good [ ] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish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) [ Y] Accept (General priority) [ ] Minor revision [ ] Major revision [ ] Rejection
Re-review	[ ] Yes [ Y] No
Peer-reviewer	Peer-Review: [Y] Anonymous [ ] Onymous



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statements

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

#### SPECIFIC COMMENTS TO AUTHORS

#1 Please check the current Japanese guidelines. Ono H, Yao K, Fujishiro M, Oda I, Uedo N, Nimura S, Yahagi N, Iishi H, Oka M, Ajioka Y, Fujimoto K. Guidelines for endoscopic submucosal dissection and endoscopic mucosal resection for early gastric cancer (second edition). Dig Endosc. 2021 Jan;33(1):4-20. doi: 10.1111/den.13883. Epub 2020 Dec 9. PMID: 33107115. Japanese Gastric Cancer Association. Japanese gastric cancer treatment 2018 2021 guidelines (5th edition). Gastric Cancer. Jan;24(1):1-21. doi: 10.1007/s10120-020-01042-y. Epub 2020 Feb 14. PMID: 32060757; PMCID: PMC7790804. #2 Magnifying endoscopy simple diagnostic algorithm for early gastric cancer (MESDA-G) has been accepted in Japan. Please introduce this algorithm in the section of diagnostic planning procedure. Muto M, Yao K, Kaise M, Kato M, Uedo N, Yagi K, Tajiri H. Magnifying endoscopy simple diagnostic algorithm for early gastric cancer (MESDA-G). Dig Endosc. 2016 May;28(4):379-393. doi: 10.1111/den.12638. Epub 2016 Apr 22. Erratum in: Dig Endosc. 2016 Jul;28(5):630. PMID: 26896760. #3 Three types of endoscopic knives are available in the procedure of ESD; needle-type knife, Insulated-tip knife and scissor-type knife. Please indicate these types of endoscopic knives in the section of ESD strategy. #4 Some kinds of traction method have been frequently used to simplify the ESD procedures. Please mention traction method in the section of ESD strategy. #5 In the section of indications, "Regardless of the technique adopted, the goal is to have a curative resection according to the criteria of the Japanese Gastric Cancer Association (JGCA): the intramucosal neoplasia must be well-differentiated, lateral (>2 mm) and vertical (>500 µm) margins free from neoplasia (R0), absence of lymphovascular invasion." These criteria seem to be available only to surgically resected specimens. Please confirm this point.



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**PERSPECTIVE** 

Reviewer's code: 02372281 Position: Peer Reviewer Academic degree: MD, PhD

**Professional title:** Assistant Professor, Professor

Reviewer's Country/Territory: South Korea

**Author's Country/Territory:** Italy

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Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-05-24 23:29

Reviewer performed review: 2021-05-30 08:16

**Review time:** 5 Days and 8 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	[ ] Accept (High priority) [ Y] Accept (General priority) [ ] Minor revision [ ] Major revision [ ] Rejection
Re-review	[Y]Yes [ ]No
Peer-reviewer	Peer-Review: [ ] Anonymous [ Y] Onymous



statements

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

## SPECIFIC COMMENTS TO AUTHORS

This is a good review article for the experience of ESD in western countries, and the authors summarized the limitation, present status and future direction of ESD in western countires. I am sure that this article will be very helpful for readers.



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**PERSPECTIVE** 

Reviewer's code: 04315099 Position: Peer Reviewer Academic degree: MD, PhD

**Professional title:** Assistant Professor

Reviewer's Country/Territory: South Korea

**Author's Country/Territory:** Italy

Manuscript submission date: 2021-05-24

Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-05-26 23:15

Reviewer performed review: 2021-06-01 09:17

**Review time:** 5 Days and 10 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
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### SPECIFIC COMMENTS TO AUTHORS

This review article has the author's deep experience and is positioned to answer an important question: What is the current status and experience of ESD in western countries? This review article provided helpful information on the current status of Western ESD and well summarized of western ESD experience. Also, I hope this article will be of great help to both Western and Eastern endoscopists who are active in ESD. I think the quality of almost all parts of the article is excellent. It is also well organized, so it seems that readers can understand the contents without confusion. I only have the following minor points, but I hope some of my comments help improve manuscript quality.

1. On Page 7, Japanese guideline. Please insert the follwing reference.: Japanese Gastric Cancer Association jgca@ koto. kpu-m. ac. jp. "Japanese gastric cancer treatment guidelines 2018." Gastric Cancer 24 (2021): 1-21. 2. Figure 2, Figure 2c is almost the same picture as figure 2d. Please change another picture, if possible. 3. Figure 3, forceps coagulation grasper 4. Figure 4, Please highlight the lesion in this specimen (mapping)