

PEER-REVIEW REPORT

Name of journal: *World Journal of Gastrointestinal Surgery*

Manuscript NO: 74256

Title: Clinical outcomes of endoscopic resection of superficial nonampullary duodenal epithelial tumors: a 10-year retrospective, single-center study

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 05155415

Position: Peer Reviewer

Academic degree: MD

Professional title: Doctor

Reviewer's Country/Territory: Japan

Author's Country/Territory: South Korea

Manuscript submission date: 2021-12-18

Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-12-19 04:36

Reviewer performed review: 2021-12-30 03:27

Review time: 10 Days and 22 Hours

Scientific quality	☐ Grade A: Excellent ☐ Grade B: Very good ☐ Grade C: Good ☒ Grade D: Fair ☐ Grade E: Do not publish
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

The authors demonstrated the safety and efficacy of EMR including piecemeal resection, for superficial duodenal neoplasms. I would like to express my opinion after carefully pursuing this report.

1. The long-term efficacy of EMR for superficial duodenal neoplasms has already been shown (Nonaka S, et al. Endoscopy 2015; 47: 129-135), and there is little novelty in this study. It is preferable to indicate the hemostasis method performed for EMR-related intraoperative bleeding and to add detailed management methods in the discussion column.
2. Recently, the usefulness of underwater EMR for superficial duodenal neoplasms has been reported, if duodenal EMR which requires difficult submucosal injection is to be the first choice, its advantages over UEMR should be described in the discussion column.
3. The thin muscular layer of the duodenum can be perforated by hemostasis procedure, and intraoperative bleeding is considered an undesirable complication. Rate of intraoperative bleeding in this study was higher than previously reported in UEMR (Clin Gastroenterol Hepatol. 2021; S1542-3565(21)00707-2.), and the management of intraoperative bleeding should be discussed.
4. It is likely that adjunctive coagulation was performed in some cases of En bloc resection. However, it is confusing to consider the cases with adjunctive coagulation and without adjunctive coagulation as the same En bloc resection group. The criteria for adjuvant coagulation should be clarified, or cases of En bloc resection with adjuvant coagulation should be treated as a separate group.
5. Analysis of risk factors for EMR-related bleeding should be performed by dividing intraoperative and delayed bleeding. In addition, the multivariate analysis in this study requires about 70 cases of EMR-related bleeding. It is inappropriate to analyze the results of multivariate analysis in this study.
6. The



**Baishideng
Publishing
Group**

7041 Koll Center Parkway, Suite
160, Pleasanton, CA 94566, USA
Telephone: +1-925-399-1568
E-mail: bpgoffice@wjgnet.com
<https://www.wjgnet.com>

number of EMR-related bleeding cases in Table 4 does not match the number of cases per size (19 cases).

PEER-REVIEW REPORT

Name of journal: *World Journal of Gastrointestinal Surgery*

Manuscript NO: 74256

Title: Clinical outcomes of endoscopic resection of superficial nonampullary duodenal epithelial tumors: a 10-year retrospective, single-center study

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 00188995

Position: Peer Reviewer

Academic degree: MD

Professional title: Professor

Reviewer's Country/Territory: India

Author's Country/Territory: South Korea

Manuscript submission date: 2021-12-18

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-01-02 11:40

Reviewer performed review: 2022-01-07 08:51

Review time: 4 Days and 21 Hours

Scientific quality	☐ Grade A: Excellent ☐ Grade B: Very good ☒ Grade C: Good ☐ Grade D: Fair ☐ Grade E: Do not publish
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

The authors report clinical outcomes of endoscopic resection of sporadic, nonampullary, duodenal neoplasms by performing a retrospective study. The paper is well written. 1. Similar studies have been reported earlier as well. In fact, a study from USA reported on more than 150 cases of duodenal EMR (Gastrointestinal Endoscopy 2018 May;87(5):1270-1278). The current study has only 56 patients and hence the novelty of data is limited. 2. How was the depth of lesion determined? Was it based on NBI findings or EUS? Did the patients also have cross sectional imaging of abdomen like CT scan, etc. 3. How was the findings on NBI interpreted to assess depth of the lesion and do the authors have any reference for this? 4. Please describe the lesion morphology based on Paris classification. 5. In Table 5, the authors have presented the data for multivariate analysis. However, with only 17 outcome events (bleed), it may not be appropriate to do a multivariate analysis using five predictors and the result has to be interpreted with caution. 6. The median follow up was 23 months only and negative lateral margin was noted in 62.1% patients. A longer follow up may be needed to be certain of the low risk of recurrence. What was the follow up duration in patients with inconclusive or positive margin? 7. Please provide a table categorising patients based on the number of follow up endoscopies done. 8. Did the patients undergo colonoscopy to screen for colonic adenomas? 9. 10 patients had pedunculated lesion - EMR is generally done for sessile lesions? Why did the authors consider removal of these lesions using EMR as they are managed with snare polypectomy?