PEER-REVIEW REPORT

Name of journal: *World Journal of Gastrointestinal Oncology*

Manuscript NO: 72540

Title: Clinical efficacy and prognostic risk factors of endoscopic radiofrequency ablation for gastric low-grade intraepithelial neoplasia

Provenance and peer review: Unsolicited manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 06140414

Position: Peer Reviewer

Academic degree: MD

Professional title: Doctor

Reviewer's Country/Territory: United States

Author's Country/Territory: China

Manuscript submission date: 2021-11-01

Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-11-07 11:25

Reviewer performed review: 2021-11-19 09:17

Review time: 11 Days and 21 Hours

Scientific quality	[Y] Grade A: Excellent [ ] Grade B: Very good [ ] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish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

Peer-reviewer statements	Peer-Review: [Y] Anonymous [ ] Onymous
	Conflicts-of-Interest: [ ] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

The topic of this work is interesting. At present, endoscopic treatment of gastric LGIN mainly includes two methods: resection therapy and damage therapy. Although resection therapy, such as EMR and ESD, has shown to be effective in treating LGIN, the operation is relatively difficult, the treatment cost is high, the postoperative management is relatively complex, and there is still the possibility of serious complications. RFA, as a kind of damage therapy, has been preliminarily reported in some clinical studies with a small sample on its application in the treatment of gastric LGIN, which has the advantages of simple operation, lower risk, lower cost and rapid recovery. However, its efficacy and especially the prognostic risk factors are still not fully understood. The manuscript is focused on further explore the efficacy and prognostic risk factors of RFA for gastric LGIN through a large sample long-term follow-up clinical study. The design of the study is very good. The results are excellent. Their conclusion might provide additional information for the good clinical development prospects and promotion space of RFA. The manuscript is well written and well organized, and authors presented also the limitations of the study. I recommend accepting this manuscript for publication after a minor language editing. Sincerely

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Reviewer's code: 06140427

Position: Peer Reviewer

Academic degree: MD

Professional title: Doctor

Reviewer's Country/Territory: United States

Author's Country/Territory: China

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Reviewer accepted review: 2021-11-07 11:26

Reviewer performed review: 2021-11-19 09:18

Review time: 11 Days and 21 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	[Y] Accept (High priority) [ ] Accept (General priority) [ ] Minor revision [ ] Major revision [ ] Rejection
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SPECIFIC COMMENTS TO AUTHORS

The manuscript written by Wang et al. explores the efficacy and prognostic risk factors of RFA for gastric LGIN through a large sample long-term follow-up clinical study. LGIN, which is simple operation, lower risk, lower cost and rapid recovery, its efficacy and the prognostic risk factors are not fully understood. This study is of value to assist the selection of more safe and effective treatment strategy for gastric LGIN during the long-term follow-up. Very interesting study. And the manuscript is well written. The experiment of the study is designed very well, aims are very clear. Methods are reasonable. Data in figures and tables are very good, and well discussed. Thank you for giving opportunity to review this study.