

## PEER-REVIEW REPORT

**Name of journal:** *World Journal of Gastrointestinal Oncology*

**Manuscript NO:** 88031

**Title:** The efficacy of full-thickness endoscopic resection of subepithelial tumors in the gastric cardia

**Provenance and peer review:** Unsolicited Manuscript; Externally peer reviewed

**Peer-review model:** Single blind

**Reviewer's code:** 00181023

**Position:** Peer Reviewer

**Academic degree:** MD

**Professional title:** Senior Scientist

**Reviewer's Country/Territory:** Austria

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

**Manuscript submission date:** 2023-09-10

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2023-09-13 07:11

**Reviewer performed review:** 2023-09-26 14:11

**Review time:** 13 Days and 7 Hours

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input checked="" type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Novelty of this manuscript	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Good <input checked="" type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No novelty
Creativity or innovation of this manuscript	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Good <input checked="" type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No creativity or innovation

<b>Scientific significance of the conclusion in this manuscript</b>	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Good <input checked="" type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No scientific significance
<b>Language quality</b>	<input type="checkbox"/> Grade A: Priority publishing <input checked="" type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
<b>Conclusion</b>	<input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input checked="" type="checkbox"/> Major revision <input type="checkbox"/> Rejection
<b>Re-review</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>Peer-reviewer statements</b>	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous
	Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

## SPECIFIC COMMENTS TO AUTHORS

Xu et al. compare EFTR and STER at the gastric cardia for subepithelial / intramural lesions. In general, the manuscript is well written. Still, there is one major concern which is selection bias: both procedures were used at the same hospital during the same time period. Which procedure was chosen for which lesion or patient ("the endoscopic resection method was selected based on tumor characteristics")? This is crucial, as this may potentially have influenced all other aspects, such as time of procedure, complete resection rate, complication rate etc. Minor: the heading of table is misleading and cannot be understood alone without reading the text; this needs to be modified.

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**Peer-review model:** Single blind

**Reviewer's code:** 03647716

**Position:** Editorial Board

**Academic degree:** FACS, MD, PhD

**Professional title:** Associate Professor

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

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

**Manuscript submission date:** 2023-09-10

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2023-10-10 16:16

**Reviewer performed review:** 2023-10-11 11:37

**Review time:** 19 Hours

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input checked="" type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
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	Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

## SPECIFIC COMMENTS TO AUTHORS

The study is interesting but there are some points to clarify. In the “Methods” section it has been reported that informed patient consent was obtained prior to all procedures, has study inclusion consent also been reached? In the “Definitions” section it has been reported that all were certified EFTR endoscopists but it hasn’t been specified if they were certified STER endoscopists. It could be an important bias to add to the limitations. How could it influence the results?