

## PEER-REVIEW REPORT

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

**Manuscript NO:** 86123

**Title:** Efficacy of multi-slice spiral CT in assessing gastric cancer recurrence among patients after endoscopic submucosal dissection

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

**Peer-review model:** Single blind

**Reviewer's code:** 07746164

**Position:** Peer Reviewer

**Academic degree:** MD, PhD

**Professional title:** Associate Professor

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

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

**Manuscript submission date:** 2023-07-04

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2023-07-06 02:51

**Reviewer performed review:** 2023-07-18 08:09

**Review time:** 12 Days and 5 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 Grade E: Do not publish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 checked="" type="checkbox"/> Grade B: Good <input 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 checked="" type="checkbox"/> Grade B: Good <input 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 checked="" type="checkbox"/> Grade B: Good <input 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 checked="" type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input 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

I found the manuscript entitled “Efficacy of multi-slice spiral CT in assessing gastric cancer recurrence among patients after endoscopic submucosal dissection” original, very interesting, well-structured and with huge impact on clinical diagnoses. Early screening and diagnosis of gastric cancer is imperative to prolonging the life of patients. Patients with early gastric cancer undergoing ESD still face the possibility of recurrence, thus should be subjected to early screening. This retrospective study explored the role of CT recurrence assessment in EGC patients who were treated with ESD. The results showed that enhanced CT has superior diagnostic efficacy, but less accuracy, compared to gold standard techniques in patients with recurrent early gastric cancer. Comments/suggestions: 1. Title and key words - well chosen. 2-The abstract summarized and reflect the described in the manuscript. 3. Introduction contains the most important data to support the importance of the study. 4. Material and methods - the paragraphs are generally well structured and explained. 5. Results section is well and clearly presented with pertinent statistics. 6. Discussion - well discussed, not only emphasizing the clinical application and potential limitations of this study, but also

discussing the direction of future research. 7. Good quality of the Tables. However, please supplement the scale of the immunofluorescence diagram shown in Figure 1. 8. References –appropriate, latest and important.

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

**Peer-review model:** Single blind

**Reviewer's code:** 07746206

**Position:** Peer Reviewer

**Academic degree:** MD

**Professional title:** Doctor

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

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

**Manuscript submission date:** 2023-07-04

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2023-07-07 06:50

**Reviewer performed review:** 2023-07-18 10:14

**Review time:** 11 Days and 3 Hours

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Very good <input 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 checked="" type="checkbox"/> Grade B: Good <input 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 checked="" type="checkbox"/> Grade B: Good <input 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 checked="" type="checkbox"/> Grade B: Good <input 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 checked="" type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
<b>Re-review</b>	<input checked="" type="checkbox"/> Yes <input 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

The manuscript is well written and very understandable for the reader even if he is not a specialist. Although the results of this study showed that the sensitivity and specificity of diagnosis were 44.22% and 43.86%, respectively, which were far from satisfactory. However, the AUC values of arterial and venous CT values for recurrent EGC were greater than 0.5, indicating that enhanced CT can predict EGC. Therefore, the authors could conclude that although the accuracy is low, the diagnostic efficacy of enhanced CT is still better than that of gold standard technology in patients with recurrent early gastric cancer. This article reviews the value of multi-slice spiral CT in early screening of gastric cancer. It's an interesting study; however, I have the following questions and comments: 1. As mentioned in the article, It was approved by the department of Radiology. Is it approved by the Ethics committee of your hospital? 2. For Table 1, the gender statistics are for all 1362 patients who meet the inclusion criteria, but the following Location, tumor depth and lymphovascular invasion are for 677 subjects with recurrence. I recommend that the number of relapsed and non-relapsed patients also be included in the Table 1, otherwise the present presentation will be confusing. 3. It is



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recommended to add a flow chart to show the relationship between all the people search and those who finally meet the required inclusion criteria and relapse. I recommend accepting this manuscript for publication after a minor editing.