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PEER-REVIEW REPORT

Name of journal: *World Journal of Gastrointestinal Endoscopy*

Manuscript NO: 80522

Title: Gastric cancer in 2022: Is there still a role for endoscopic ultrasound?

Provenance and peer review: Invited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 03252941
Position: Editorial Board
Academic degree: MD
Professional title: Doctor, Professor
Reviewer's Country/Territory: Japan
Author's Country/Territory: Italy

Manuscript submission date: 2022-10-03

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-10-04 23:46

Reviewer performed review: 2022-10-07 14:16

Review time: 2 Days and 14 Hours

Scientific quality	[ ] Grade A: Excellent [ ] Grade B: Very good [ ] Grade C: Good [Y] Grade D: Fair [ ] Grade E: Do not publish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

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

SPECIFIC COMMENTS TO AUTHORS

The authors concisely summarized the utility of endoscopic ultrasound (EUS) in the diagnosis and treatment of gastric cancer (GC). They expounded the subject by citing several references, but the argument seems superficial. Their argument should be developed by specifically describing the contents of the cited papers. In particular, my greatest concern is the utility of FNA and FNB in the diagnosis and staging of gastric cancer. The authors claim that they are useful for N staging, which would be necessary to determine treatment strategy, whether endoscopic resection (EMR/ESD), surgery, or chemotherapy (NAC). However, this reviewer, working in the tertiary hospital for more than 30 years as a pathologist, has scarcely diagnosed FNA samples of lymph nodes from GC patients scheduled to undergo EMR/ESD or surgery. Rather, I am afraid that FNA of metastasized lymph node will result in dissemination of cancer cells. If there are some references that reported the utility of FNA for N staging before EMR/ESD or surgery, please cite them and explain their contents specifically. Furthermore, I want to stress that percutaneous needle biopsy would be more feasible than EUS/FNA for suspected liver metastasis, unless it is located at the hepatic hilus. By the way, the reviewer sometimes makes a diagnosis on FNA samples obtained from lymph nodes of patients with suspected GC recurrence. In short, the utility of FNA/FNB should be discussed in more detail according to the condition of the disease by citing the relevant literatures and referring to their contents. Other points that the reviewer has noticed: 1. (p.4, Histology) WHO classification (5th eds.) has been published in 2019. Why not refer to 5th edition instead of 4th? “G” is defined only for tubular adenocarcinoma in the 5th edition. 2. (p,7, Early phases of disease: pre …) mucosa/submucosa (M/SM1) and SM by EUS…: Is “SM” right? It seems to partially overlap with SM1. If this description is

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right, it may be better to describe SM (SM1/SM2) to avoid confusion. 3. (p.8, Pre-operative role) Reference 38 may be incorrectly cited, because its content may be irrelevant to neoadjuvant therapy judging from the title. 4. (p.8, Pre-operative role) Please explain what accuracy of EUS in the selection of patients with GC for neoadjuvant therapy means in reference 48. 5. (reference 35) Journal name is missing. 6. (Table 1 and Fig. 1) Are these necessary for this review? 7. Finally, there are many grammatical errors. The whole manuscript must be revised well by one of the authors who is a native English speaker.

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Manuscript NO: 80522

Title: Gastric cancer in 2022: Is there still a role for endoscopic ultrasound?

Provenance and peer review: Invited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 06403881

Position: Peer Reviewer

Academic degree:

Professional title:

Reviewer's Country/Territory: Reviewer_Country

Author's Country/Territory: Italy

Manuscript submission date: 2022-10-03

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-10-18 07:48

Reviewer performed review: 2022-10-30 09:03

Review time: 12 Days and 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) [ ] Accept (General priority) [Y] Minor revision [ ] Major revision [ ] Rejection
Re-review	[Y] Yes [ ] No
Peer-reviewer	Peer-Review: [Y] Anonymous [ ] Onymous

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

SPECIFIC COMMENTS TO AUTHORS

The standardized treatment of gastric cancer must be based on the standardized staging diagnosis system. Endoscopic ultrasound (EUS) has a good accuracy in distinguishing T1~2 and T3~4 stage tumors, while distinguishing T1~2 and T3~4 stage tumors is of great value in the selection of late treatment plans. However, the detection rate of metastatic lymph nodes in gastric cancer by EUS is still affected by its location and size. Most of the retroperitoneal and mesenteric metastatic lymph nodes around the celiac artery and below the superior mesenteric vessels are far away from the ultrasound probe and are difficult to be detected by EUS. Therefore, EUS has some limitations on N and M staging of gastric cancer.

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RE-REVIEW REPORT OF REVISED MANUSCRIPT

Name of journal: *World Journal of Gastrointestinal Endoscopy*

Manuscript NO: 80522

Title: Gastric cancer in 2022: Is there still a role for endoscopic ultrasound?

Provenance and peer review: Invited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 03252941
Position: Editorial Board
Academic degree: MD
Professional title: Doctor, Professor
Reviewer's Country/Territory: Japan
Author's Country/Territory: Italy

Manuscript submission date: 2022-10-03

Reviewer chosen by: Kai-Le Chang

Reviewer accepted review: 2022-11-08 03:48

Reviewer performed review: 2022-11-08 08:44

Review time: 4 Hours

Scientific quality	[ ] Grade A: Excellent [ ] Grade B: Very good [Y] 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
Peer-reviewer statements	Peer-Review: [Y] Anonymous [ ] Onymous Conflicts-of-Interest: [ ] Yes [Y] No

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SPECIFIC COMMENTS TO AUTHORS

The authors adequately responded to my comments. After reading the revised manuscript, I noticed some points to be corrected. This manuscript will be acceptable after amending them. 1. (p.6, l.1) sm²: Should be changed to sm2 2. (p.6, l.22) tubular and papillary adenocarcinoma are graded ...: Grading is defined only for tubular adenocarcinoma by the WHO TNM staging system, 5th ed. All papillary adenocarcinomas are low grade. 3. (p.7, l.3) type) and many: type and many 4. (p.8, l.12) changes EUS: changes of EUS 5. (p.11, l.13) ECG evaluation depth: EGC evaluation depth 6. (p.11, l.21) like the shape: shape 7. (p.12, l.22) in establish T stage: in establishing T stage 8. (p.13, l.16) respect to: compared with 9. (p.14, l.2) before ECG: before EGC 10. (p.14, l.3) in confirmation the: in confirmation of the