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PEER-REVIEW REPORT

Name of journal: *World Journal of Gastrointestinal Endoscopy*

Manuscript NO: 83959

Title: Role of Endoscopic Ultrasound for Pre-Intervention Evaluation in Early Esophageal Cancer

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 03765320
Position: Peer Reviewer
Academic degree: MD

Professional title: Doctor

Reviewer's Country/Territory: Italy

Author's Country/Territory: United States

Manuscript submission date: 2023-02-24

Reviewer chosen by: AI Technique

Reviewer accepted review: 2023-03-03 08:25

Reviewer performed review: 2023-03-13 08:42

Review time: 10 Days

Scientific quality	[ ] Grade A: Excellent [ ] Grade B: Very good [ ] Grade C: Good [Y] Grade D: Fair [ ] Grade E: Do not publish
Novelty of this manuscript	[ ] Grade A: Excellent [ ] Grade B: Good [ ] Grade C: Fair [Y] Grade D: No novelty
Creativity or innovation of this manuscript	[ ] Grade A: Excellent [ ] Grade B: Good [ ] Grade C: Fair [Y] Grade D: No creativity or innovation

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Scientific significance of the conclusion in this manuscript	[ ] Grade A: Excellent [ ] Grade B: Good [Y] Grade C: Fair [ ] Grade D: No scientific significance
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 [ ] Major revision [Y] Rejection
Re-review	[Y] Yes [ ] No
Peer-reviewer statements	Peer-Review: [Y] Anonymous [ ] Onymous
	Conflicts-of-Interest: [ ] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

I read with interest the paper by Kahlon and colleagues on the role of EUS to predict the role of EUS in cancer staging and therefore to assess how EUS might modify esophageal cancer management. Although the topic is of interest and some "grey-zone" are still present, the paper do not add new evidences nor provide additional information impacting on current management of Esophageal lesions. Due to the retrospective design of the study, indeed the relatively small sample size, and the wide study period, there are several limitations the severely affect the study and the results. Above all: - the study population and the search method should be described more extensively - as the 8th edition of AJCC classification was published in 2017, how was the preoperative staging performed in patients before 2017? - how clinical staging revision was retrospectively performed (have any videos been reviewed and accessible? or it has been assessed only according to the written patients report?) - how was the retrospective analysis of EUS done? If based on written reports, the evaluation of submucosal invasion, expecially for those examinations performed with older echoendoscope, may be higly affecetd. - was the concordance with hystology changing and increasing over the study

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period? - were other pre-operative imaging (eg: CT-scan) available? - the advent of HD imaging of endoscopes widely affected the reliability of endoscopic assessment of macroscopic features. How was this managed during the study period? - proper and validated endoscopic classifications are available for the definition of endoscopic appearance and correlation with invasivness: we suggest to report the Paris classification, and, if available, chromoendoscopy, NBI and pit pattern, and to report it on table I. - an univariate analysis and multivariate may be needed to assess indipender risk of invasion. - the analysis method of is not clearly explained and should be further reported. - the paragraph of "Ethics" refers to study approval by the Institutional Review Board of the hospital: the number and date of protocol approval should needs to be extensively reported. - Table 2 is misleading and difficult to be read - authors should discuss if anchillary techniques (such as contrast enehacement) could improve the accuracy of EUS in the assessment of submucosal invasion - English should be improved.

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Reviewer's code: 03479748
Position: Peer Reviewer
Academic degree: MD

Professional title: Doctor

Reviewer's Country/Territory: Sweden

Author's Country/Territory: United States

Manuscript submission date: 2023-02-24

Reviewer chosen by: Geng-Long Liu

Reviewer accepted review: 2023-03-14 14:24

Reviewer performed review: 2023-03-15 16:25

Review time: 1 Day and 2 Hours

Scientific quality	[ ] Grade A: Excellent [Y] Grade B: Very good [ ] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish
Novelty of this manuscript	[ ] Grade A: Excellent [ ] Grade B: Good [Y] Grade C: Fair [ ] Grade D: No novelty
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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

Thank you for the opportunity to read this interesting paper. Method Q During 16 years 102 patients were identified. Some people would say that the volume of patients is too low and that EUS may not be adequately depicted as the annual volume of patients in the study is too small. What are your thought on this? Q Also, more than half patients were excluded for due to exclusion criteria which included “EUS unable to perform staging”, please elaborate on how this affects your results. Q Another exclusion criteria was “presence of metastatic lesions on imaging study”, why would EUS be done on a patient with metastatic lesion? Q TNM 8th edition was published in 2017. Given that your study started in 2005 how were the data before 2017 handled and were there any issues in transferring data to the 8th edition? Results Q Other studies report T3 as the most common T stage, in your material T1a was the most common stage. Does this reflect a selection in which patients are referred to your center? If so, can the results be generalized for other populations? You mentioned this in the discussion but please elaborate on how this selection affects the results. Page 6 wessre – spelling error Table 2, I would think that presenting the percentages in rows rather than columns would be

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interesting. Were any patients treated with neoadjuvant treatment before esophagectomy? "Particularly, size, ulceration, and degree of differentiation can be determined on initial diagnostic EGD with biopsy, highlighting their presence as determing indicators to pursue an EUS staging procedure." – Useful finding! Discussion What does it mean that a lymphnode is non-diagnostic? Singifcantly- spelling error

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Academic degree: MD
Professional title: Doctor, Staff Physician
Reviewer's Country/Territory: Italy
Author's Country/Territory: United States

Manuscript submission date: 2023-02-24

Reviewer chosen by: AI Technique

Reviewer accepted review: 2023-03-14 22:25

Reviewer performed review: 2023-03-15 20:04

Review time: 21 Hours

Scientific quality	[ ] Grade A: Excellent [ ] Grade B: Very good [Y] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish
Novelty of this manuscript	[ ] Grade A: Excellent [ ] Grade B: Good [ ] Grade C: Fair [Y] Grade D: No novelty
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Re-review	[ ] Yes [Y] No
Peer-reviewer statements	Peer-Review: [Y] Anonymous [ ] Onymous
	Conflicts-of-Interest: [ ] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

Dear Editor, Dear Authors, I read with interest the manuscript entitled "Role of Endoscopic Ultrasound for Pre-Intervention Evaluation in Early Esophageal Cancer" by Sartajdeep Kahlon et al. This was a relatively small single-center retrospective study evaluating the role on pre-operative EUS in early esophageal cancer. Although interesting and well-written, I do not consider the manuscript of high enough relevance for publication in the WJG, for the following main reasons: 1) small sample size (especially taking into consideration the wide enrollment period); 2) wide study period (2005-2021); 3) absence of a flow chart study (how many patients were excluded and why?); 4) number and experience of the endosonographers (and pathologists as well) who have performed the procedures are not reported; 5) adoption of the 8th edition of AJCC classification for the preoperative staging, which was published in 2017 only.