

## ESPS PEER-REVIEW REPORT

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

**ESPS manuscript NO:** 18394

**Title:** Histological diagnosis of gastric submucosal tumors: A pilot study of endoscopic ultrasonography -guided fine-needle aspiration biopsy vs mucosal cutting biopsy

**Reviewer's code:** 00503857

**Reviewer's country:** Taiwan

**Science editor:** Yue-Li Tian

**Date sent for review:** 2015-04-21 16:58

**Date reviewed:** 2015-04-27 00:08

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C: Good	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Duplicate publication	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input type="checkbox"/> Plagiarism	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input type="checkbox"/> No	<input type="checkbox"/> Major revision
		BPG Search:	
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input type="checkbox"/> No	

## COMMENTS TO AUTHORS

The authors conducted a pilot study of comparing the diagnostic yield of EUS-FNA and mucosal cutting biopsy in the diagnosis of gastric submucosal tumors. This topic is interesting; however, I have minor suggestions to this manuscript: 1. In page 6, EUS-FNAB procedure section, please describe how the histological diagnosis of certain submucosal tumor was made. (i.e., the histological diagnosis of certain submucosal tumor was made by typical histological features and immunohistochemical staining) 2. In Mucosal cutting biopsy section, please describe how you processed the biopsy specimens for histopathological examination. Furthermore, you also should describe how the histological diagnosis of certain submucosal tumor was made.

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**ESPS manuscript NO:** 18394

**Title:** Histological diagnosis of gastric submucosal tumors: A pilot study of endoscopic ultrasonography -guided fine-needle aspiration biopsy vs mucosal cutting biopsy

**Reviewer's code:** 00183658

**Reviewer's country:** Thailand

**Science editor:** Yue-Li Tian

**Date sent for review:** 2015-04-21 16:58

**Date reviewed:** 2015-05-26 13:03

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C: Good	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Duplicate publication	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input type="checkbox"/> Plagiarism	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input type="checkbox"/> No	<input type="checkbox"/> Major revision
		BPG Search:	
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input type="checkbox"/> No	

## COMMENTS TO AUTHORS

The article is aimed to evaluate the usefulness of mucosal cutting biopsy compared to endoscopic ultrasonography-guided fine-needle aspiration biopsy without cytology. The title is "Histological diagnosis of gastric submucosal tumors: a pilot study of EUS-guided fine-needle aspiration biopsy vs. mucosal cutting biopsy". I have some questions. The authors should to be clarified and be added the following issues in the text. 1. This study is a low sample size study. 2. Several factors influence the outcome of the study. Some limitations might be occurred. 3. This procedure needed experienced endoscopist and special equipment. It could not apply in the other hospitals. 4. Unfortunately, the authors did not show the cost-effectiveness of the study. 5. The clinical application of the study is very important. The authors should to recommend the readers to apply this knowledge into routine clinical practice.

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**ESPS manuscript NO:** 18394

**Title:** Histological diagnosis of gastric submucosal tumors: A pilot study of endoscopic ultrasonography -guided fine-needle aspiration biopsy vs mucosal cutting biopsy

**Reviewer's code:** 02542408

**Reviewer's country:** United States

**Science editor:** Yue-Li Tian

**Date sent for review:** 2015-04-21 16:58

**Date reviewed:** 2015-05-13 20:45

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C: Good	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Duplicate publication	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input type="checkbox"/> Plagiarism	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input type="checkbox"/> No	<input type="checkbox"/> Major revision
		BPG Search:	
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input type="checkbox"/> No	

## COMMENTS TO AUTHORS

This manuscript by Ikehara et al describes a pilot study comparing standatd EUS guided FNA vs a mucosal division followed by standard biopsy. The manuscript is overall well done but requires revision to meet publication standards. 1) In the Intro, the authors state that all GISTS need to be resected, but this is not true. Small GISTS can be followed with standardized protocols. 2) Please cite the statistics for the statement that "SMT for cytology has been reported to be relatively high, but the success rate for histology is not". 3) I would move your later comments on endoscopist experience to the methods section to establish the experience level much earlier in the manuscript. 4) In the methods section, can you clarify if a cytologist was intentionally not available as part of the protocol, or if this is just the way things standardly happen for your practice. 5) Methods. Please state where you injected into the submucosa. Your figures suggested that you injected directly over the lesion to create your submucosal cushion but this should be stated. 6) Methods: please list your brand of clips.....these look like Olympus clips from the figure. 7) Results. Please list the mean number of clips used to close the defect. 8) Results: please clarify....in some locations it appeasers as if only one

case was non-diagnostic, but in others it seems as though there were three non-diagnostic cases. 9) Discussion: as we move into an era of full thickness endoscopic resection, I think it is important that you mention whether your method would preclude any future procedures to remove the lesion. I believe firmly, no, your method would still permit future therapeutic resection, but this should be noted. 10) Discussion: can you briefly comment on any cost difference between the two methods 11) Discussion. The discussion is too long and doesn't focus on all the topics that should be noted. The discussion about GISTs and the recommendations for resection are not relevant to the manuscript.....this is not about GIST it is about SMTs. This paragraph can be removed and the remainder shortened. 12) In table 2, it is not clear to the reader what is being compared for the P values....for example, I cant tell if you are comparing all of Location 1 between diagnostic/non-diagnostic, or just the Upper portion of Location one. 13) Figures are great.