

ESPS PEER REVIEW REPORT

Name of journal: World Journal of Gastrointestinal Endoscopy

ESPS manuscript NO: 13799

Title: Palliative percutaneous endoscopic gastrostomy placement for gastrointestinal cancer: Roles, goals, and complications.

Reviewer code: 00186781

Science editor: Fang-Fang Ji

Date sent for review: 2014-09-02 21:02

Date reviewed: 2014-10-22 21:49

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input checked="" type="checkbox"/> Grade A: Excellent	<input checked="" type="checkbox"/> Grade A: Priority publishing	Google Search:	<input checked="" type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> Existing	<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"/> No records	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair		BPG Search:	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor	<input type="checkbox"/> Grade D: Rejected	<input type="checkbox"/> Existing	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

COMMENTS TO AUTHORS

Interesting and useful review. Thank you.

ESPS PEER REVIEW REPORT

Name of journal: World Journal of Gastrointestinal Endoscopy

ESPS manuscript NO: 13799

Title: Palliative percutaneous endoscopic gastrostomy placement for gastrointestinal cancer: Roles, goals, and complications.

Reviewer code: 00046729

Science editor: Fang-Fang Ji

Date sent for review: 2014-09-02 21:02

Date reviewed: 2014-10-27 21:19

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input checked="" type="checkbox"/> Grade A: Excellent	<input checked="" 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"/> Existing	<input checked="" 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"/> No records	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	BPG Search:	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input type="checkbox"/> Existing	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

COMMENTS TO AUTHORS

This is a comprehensive report of the use of PEG for the patients with gastrointestinal cancer, which have not yet been reviewed. However, it would be grateful if you could revise some minor points. #1. The author described and referred the outcomes of palliative PEG. Please arrange the data of success rate and 30 days mortality of the reference in a Table, if possible. #2. Please indicate the classification of American Society of Anesthesiologist (ASA) score in the manuscript for the better understanding (p9, l10). #3. Please spell out the abbreviations at the first time the term in the text. TPN (p8, l11), DVT/PE (p8, l27)

ESPS PEER REVIEW REPORT

Name of journal: World Journal of Gastrointestinal Endoscopy

ESPS manuscript NO: 13799

Title: Palliative percutaneous endoscopic gastrostomy placement for gastrointestinal cancer: Roles, goals, and complications.

Reviewer code: 00646241

Science editor: Fang-Fang Ji

Date sent for review: 2014-09-02 21:02

Date reviewed: 2014-10-01 00:21

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input checked="" 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"/> Existing	<input type="checkbox"/> High priority for publication
<input checked="" type="checkbox"/> Grade C: Good	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> No records	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	BPG Search:	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input type="checkbox"/> Existing	<input checked="" type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

COMMENTS TO AUTHORS

In their work, "Palliative percutaneous endoscopic gastrostomy placement for gastrointestinal cancer: Roles, goals, and complications", the authors present a nice and conclusive overview concerning indications, benefits, and possible complications of percutaneous gastrostomies in palliative care. Concerning possible benefit of a PEG, the authors cite several studies that analysed survival after PEG in gastrointestinal cancer, observing a very broad survival time range (8 days – 5.7 years). This indicates – as is usual for palliative care – that survival time is not quite the appropriate readout. In further citations, the authors do also relate to quality of life, which is probably of higher relevance. This is also relevant for the discussion of complications in PEGs. The authors differentiate between major and minor complications, with the major ones including life-threatening conditions. While, of course, even in palliative care, complications leading to life-threatening effects should be avoided in any case, complications like "pain" may also have a severe impact on the quality of life and have to be put in the focus. Finally, an aspect not at all mentioned in the discussion is the whole concept of therapy limitations in palliative care. In most countries, food supplementation via PEG would nowadays be regarded as unethical unless this intervention is in line with the outspoken or supposed will of the patient. Thus, as I think, the discussion in this work lacks the focus on some aspects that are essential for a holistic view on the needs of a patient in the phase of palliative care, and that are of fundamental relevance for the decision to implant or not implant a PEG in terminal gastrointestinal



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malignancy. Minor points: On page 7, instead of thoracic malignancies, Keung, et al, found better write thoracic malignancies, Keung et al. found (the comma before "et al." may be omitted in other cases as well)