



# BAISHIDENG PUBLISHING GROUP INC

8226 Regency Drive, Pleasanton, CA 94588, USA

Telephone: +1-925-223-8242

Fax: +1-925-223-8243

E-mail: bpgoffice@wjgnet.com

http://www.wjgnet.com

## ESPS PEER-REVIEW REPORT

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

**ESPS manuscript NO:** 16794

**Title:** Comprehensive management of full thickness GI defects: the next frontier of gastrointestinal endoscopy

**Reviewer's code:** 00069471

**Reviewer's country:** Japan

**Science editor:** Yue-Li Tian

**Date sent for review:** 2015-01-29 17:54

**Date reviewed:** 2015-02-05 09:19

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input checked="" type="checkbox"/> Grade A: Priority publishing	Google Search:	<input checked="" type="checkbox"/> Accept
<input checked="" 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 checked="" type="checkbox"/> No	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		BPG Search:	<input type="checkbox"/> Major revision
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

### COMMENTS TO AUTHORS

This is a well-organized review article, and covers the all endoscopic closure techniques from TTS clipping to a suturing device. I believe this article will contribute to many endoscopists.



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

**ESPS manuscript NO:** 16794

**Title:** Comprehensive management of full thickness GI defects: the next frontier of gastrointestinal endoscopy

**Reviewer's code:** 00502797

**Reviewer's country:** Greece

**Science editor:** Yue-Li Tian

**Date sent for review:** 2015-01-29 17:54

**Date reviewed:** 2015-02-07 00:32

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 checked="" type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input type="checkbox"/> High priority for publication
<input checked="" type="checkbox"/> Grade C: Good		<input type="checkbox"/> Duplicate publication	
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Plagiarism	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade E: Poor		<input checked="" type="checkbox"/> No	<input type="checkbox"/> Minor revision
	<input type="checkbox"/> Grade D: Rejected	BPG Search:	<input checked="" type="checkbox"/> Major revision
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

### COMMENTS TO AUTHORS

Review of Paper: "Comprehensive Management of Full-Thickness Luminal Defects: The Next Frontier of Gastrointestinal Endoscopy". Abstract: Full-thickness gastrointestinal (GI) tract defects remain a challenging and highly morbid healthcare problem in the form acute perforations, acute or sub-acute anastomotic leaks or chronic fistulae. According to the Center for Disease Control (CDC) over 6 million abdominal procedures (including upper and lower endoscopies) were performed in the US in 2010. As the number of abdominal procedures performed annually in the US increases, the number of full thickness GI defects that occur as a result will also increase. In centers of expertise, endoscopic methods have begun to replace surgical options as the first line therapy for a wide variety of GI tract defects. Furthermore iatrogenic defects occur also during endoscopy or other procedures like percutaneous gastrostomy. In the recent years and in advanced high volume centers these defects can be managed endoscopically with several methods like clipping, suturing endoscopic devices, vacuum assisted devices, sealants and more. Points of criticism: 1. The review concentrates the results of case series of selected cases. 2. More details should be provided in order to focus on special



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guidelines for the treatment of defects in each segment of the gastrointestinal tract. 3. It should be pointed that further studies are needed in order to gain safe conclusions for the role of endoscopy in the treatment of full-thickness luminal defects of the gastrointestinal tract Conclusion: The authors performed a review of the literature regarding the role of endoscopy in the treatment of luminal defects of the gastrointestinal tract. Although this is not a systematic review and there are several points of criticism as mentioned above this manuscript could be published in your journal after revision as it gives a new perspective in the treatment algorithm.



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## ESPS PEER-REVIEW REPORT

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

**ESPS manuscript NO:** 16794

**Title:** Comprehensive management of full thickness GI defects: the next frontier of gastrointestinal endoscopy

**Reviewer's code:** 00724450

**Reviewer's country:** Turkey

**Science editor:** Yue-Li Tian

**Date sent for review:** 2015-01-29 17:54

**Date reviewed:** 2015-02-23 02:49

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input checked="" type="checkbox"/> Grade A: Priority publishing	Google Search:	<input checked="" type="checkbox"/> Accept
<input checked="" 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 checked="" type="checkbox"/> No	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		BPG Search:	<input type="checkbox"/> Major revision
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

### COMMENTS TO AUTHORS

Dear Editor, Winder and Pauli submitted an review title as " Comprehensive Management of Full-Thickness Luminal Defects ". As they inform that the number of full thickness GI defects that occur as a result will also increase. This is an interesting topic and I think there are not enough article about this topic in the literature. They discussed the problems of the GI procedure extensively and site by site. In addition they explain the endoscopic therapies and outcomes. This article can be published in the WJGE and may have valuable contributions to the literature. Only figure 8 and 9 may have high quality as it possible. Many thanks...



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### ESPS PEER-REVIEW REPORT

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

**ESPS manuscript NO:** 16794

**Title:** Comprehensive management of full thickness GI defects: the next frontier of gastrointestinal endoscopy

**Reviewer's code:** 00069066

**Reviewer's country:** Indonesia

**Science editor:** Yue-Li Tian

**Date sent for review:** 2015-01-29 17:54

**Date reviewed:** 2015-02-23 07:32

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> [ Y] Accept
<input type="checkbox"/> [ Y] Grade B: Very good	<input type="checkbox"/> [ Y] 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		[ Y] No	<input type="checkbox"/> [ ] Major revision
		BPG Search:	
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		[ Y] No	

### COMMENTS TO AUTHORS

It is a good review and comprehensive enough to explain the importance of the role of endoscopy for gastrointestinal tract defects. This review could be a guideline for the endoscopist.