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ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastrointestinal Endoscopy

ESPS manuscript NO: 26307

Title: What types of early gastric cancer are indicated for endoscopic ultrasonography staging of invasion depth?

Reviewer's code: 00503563

Reviewer's country: Japan

Science editor: Fang-Fang Ji

Date sent for review: 2016-04-06 16:24

Date reviewed: 2016-04-08 16:25

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	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"/> 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 type="checkbox"/> Grade D: Rejected	<input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Minor revision
		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

The authors demonstrated the clinical utility and limitation of endoscopic ultrasonography (EUS) for predicting the depth of tumor invasion in patients with early gastric cancer. Although this manuscript is important for the clinical management in patients with gastric cancer, there are some queries and comments. Comments 1. How was the depth of tumor invasion judged by EUS in tumors with ulcerous finding (UL)? 2. It is difficult to diagnose the depth of tumor invasion by EUS in tumors with UL. However, there was no significant difference in the inconclusive rate of EUS between tumors with and without UL. How do the authors discuss about this issue? 3. The authors should indicate a flowchart regarding the endoscopic strategy as a Figure based on results obtained from this study.



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ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastrointestinal Endoscopy

ESPS manuscript NO: 26307

Title: What types of early gastric cancer are indicated for endoscopic ultrasonography staging of invasion depth?

Reviewer's code: 00070109

Reviewer's country: China

Science editor: Fang-Fang Ji

Date sent for review: 2016-04-06 16:24

Date reviewed: 2016-04-19 21:58

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"/> 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 checked="" 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 checked="" type="checkbox"/> No	

COMMENTS TO AUTHORS

This is a good article to describe the indications for endoscopic ultrasonography staging of invasion depth in EGCs. There are two questions that the author need to explain, 1. "all 9 of the 0-I-type cancers (protruded-type) yielded low-quality EUS images, and thus were judged as inconclusive cases", the reason is just the use of a high-frequency ultrasound probe (20 MHz),if change a probe ,what happens? The quality of EUS images will be proved? Or the conclusion will be changed? 2."differentiated-type EGCs with a diameter ≤ 3 cm and SM2 invasion or undifferentiated-type EGCs that are determined by CE to meet the expanded-indication criteria for ER",How does the 3cm come from, why not 2cm or 4cm?

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastrointestinal Endoscopy

ESPS manuscript NO: 26307

Title: What types of early gastric cancer are indicated for endoscopic ultrasonography staging of invasion depth?

Reviewer's code: 02954023

Reviewer's country: Japan

Science editor: Fang-Fang Ji

Date sent for review: 2016-04-06 16:24

Date reviewed: 2016-04-20 18:54

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	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"/> 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

Although this retrospective study may have little novelty and some limitations, collection of these clinical results is important. This manuscript is mostly well-written, authors should concern below points. 1. The proposals by authors "EUS should be performed" are overstated, since it would be insufficient to draw described conclusion. Please replace the phrases with a weaker expression (e.g. may be considered performing). (Page 13 line 24, Page 14, line 24) 2. In Fig. 1A, the reviewer could not agree with the diagnosis as SM2 assessed by the single author. Generally, the diagnostic accuracy of CE for tumor depth by experienced endoscopists has a tendency to overestimate tumor depth compared to EUS. Before comparing the diagnostic accuracy in assessing the invasion depth between chromoendoscopy and EUS, interobserver agreement in the endoscopic diagnosis should be assessed. Agreement between the two observers who graded the depth of the invasion should be determined by the κ statistic. 3. Undifferentiated carcinomas should be further subdivided into sig or por types. EUS may be technically challenging because the optical control of such a large device for small lesions, especially signet-ring cell carcinomas, is not always feasible. 4. To help readers' better



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understanding, please consider explaining the advantages of EUS compared to NBI magnification for the diagnosis of EGC in "Discussion" or "Introduction" section. 5. To draw described conclusion, differentiated-type cancers ≤ 2 cm in size should be analyzed in addition to differentiated-type cancers ≤ 3 cm in size. 6. "152 EGCs" should be corrected to "153 EGCs" (Page 6, line 19). 7. Magnification should be written in figure legends (Fig. 1C and Fig. 2C). In addition, "H&E" should be written. 8. Please change "Histology" to "Surgical specimen histology" or something (Page 29, Figure 2C legend).