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ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastrointestinal Endoscopy

ESPS manuscript NO: 27593

Title: Clinical problems with antithrombotic therapy for endoscopic submucosal dissection for gastric neoplasms

Reviewer's code: 00074346

Reviewer's country: Japan

Science editor: Ze-Mao Gong

Date sent for review: 2016-06-11 17:58

Date reviewed: 2016-06-20 15:47

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 checked="" type="checkbox"/> No	<input checked="" 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 paper demonstrated that most antithrombotic therapies are not problems for performing gastric ESD, however, more clinical studies are needed for patients receiving multiple antithrombotic agents and requiring heparin bridging. I read the paper interestingly. However, there are a few problems in this paper. 1) If possible, the data about bleeding of endoscopic procedure (besides gastric ESD) under administrating DOACs should be revealed. 2) I think that it is inappropriate to refer unpublished data in the table. 3) Please show the concrete "well-designed clinical studies" for the management of gastric ESD for the patients with antithrombotic therapy. 4) I think that English of this paper should be checked by the native speaker(s) of the expert gastroenterologist(s).



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ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastrointestinal Endoscopy

ESPS manuscript NO: 27593

Title: Clinical problems with antithrombotic therapy for endoscopic submucosal dissection for gastric neoplasms

Reviewer's code: 01468173

Reviewer's country: Japan

Science editor: Ze-Mao Gong

Date sent for review: 2016-06-11 17:58

Date reviewed: 2016-06-23 19:57

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"/> 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 type="checkbox"/> No	<input 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 type="checkbox"/> No	

COMMENTS TO AUTHORS

Thank you for submitting your paper. The present comprehensive review presents the most relevant studies which evaluated clinical issues of gastric ESD under antithrombotic therapy. Following essential aspects are missing that might significantly improve the value of this review. 1. The authors should present inclusion and exclusion criteria for the choice of the studies. It is not a systematic review, but at least some criteria for citation should be presented. 2. The author in this review, should be discussed what becomes clear and what is remains unclear. 3. In part of Effect of Antiplatelet agents on gastric ESD, it was unclear that the frequency of delayed bleeding was significantly higher in patients receiving the single aspirin therapy or not compared with that in patients receiving DAPT with continuous aspirin and cessation of thienopyridines. 4. Did the author get the evidence about the timing of ESD for early gastric cancer in the patients with coronary artery stents? If so, please let us show the data and paper. 5. "We usually wait to perform ESD in patients with DES placement, ,," should be deleted. 6. In part of Effect of Anticoagulants on gastric ESD, the reference of 42 was inappropriate for review. 7. In the part of Is HBT feasible for gastric



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ESD?, the author presented that ESD under continuous use of warfarin or switching warfarin to DOACs was one of options. However, is there any evidence about that? If no, the author should state there is no data. 8. In part of The analysis of bleeding risk in ,,, the reference of 49 and unpublished data were inappropriate.



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ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastrointestinal Endoscopy

ESPS manuscript NO: 27593

Title: Clinical problems with antithrombotic therapy for endoscopic submucosal dissection for gastric neoplasms

Reviewer's code: 02954439

Reviewer's country: Japan

Science editor: Ze-Mao Gong

Date sent for review: 2016-06-11 17:58

Date reviewed: 2016-06-26 22:31

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 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 checked="" type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input type="checkbox"/> Plagiarism	<input checked="" 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

The point of interest of this review was great; however, the reference related to the post-operative bleeding is not enough. This point is the biggest disadvantage. Although antithrombotic drugs are closely related to the post-operative bleeding after gastric ESD, references to the periods of post-operative bleeding is required. Some of the previous report has divided the periods into the before and after 6 or 7 days. The authors showed HBT was high risk factor for post-bleeding. When was the periods, early or late phase? Please clarify. Did the intervention such as second-look endoscopy to prevent post-operative bleeding have been described? Some other previous reports have been described. By these interventions, were there differences of respect to the risk factors or bleeding rate among the previous report?



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ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastrointestinal Endoscopy

ESPS manuscript NO: 27593

Title: Clinical problems with antithrombotic therapy for endoscopic submucosal dissection for gastric neoplasms

Reviewer's code: 01800545

Reviewer's country: Japan

Science editor: Ze-Mao Gong

Date sent for review: 2016-06-11 17:58

Date reviewed: 2016-06-28 14:44

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
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<input type="checkbox"/> Grade E: Poor		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

The authors demonstrated and reviewed the risk of bleeding in patients with antithrombotic therapy who underwent ESD for gastric tumors. But the details should be documented more closely. In heparin bridge therapy, the author showed Ref43 in NEJM, but I recommend the author to read it again. In this report, the number of endoscopic treatment was very small and only biopsy was performed in most cases. In addition, the ways of HBT were different in each study. The authors should re-consider the meaning of HBT in gastric ESD. In addition, the day of post-bleeding and thrombotic events are also important problems to manage patients. The authors should discuss it more. Ref 42 and 47 were not suitable for review article.