

## ESPS PEER-REVIEW REPORT

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

**ESPS manuscript NO:** 30484

**Title:** A combination of concurrent endoscopic submucosal dissection and modified peroral endoscopic myotomy for an achalasia patient with synchronous early esophageal neoplasms

**Reviewer's code:** 00047092

**Reviewer's country:** Italy

**Science editor:** Yuan Qi

**Date sent for review:** 2016-10-07 19:16

**Date reviewed:** 2016-10-20 18:47

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	Google Search:	<input checked="" type="checkbox"/> Y] Accept
<input checked="" type="checkbox"/> Y] Grade B: Very good	<input checked="" 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		<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

Dr Shi et al. described an interesting and rare case of combination of ESD plus POEM in a patient previously treated with balloon dilation and botulin injection. Original.

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**Title:** A combination of concurrent endoscopic submucosal dissection and modified peroral endoscopic myotomy for an achalasia patient with synchronous early esophageal neoplasms

**Reviewer's code:** 03025589

**Reviewer's country:** Japan

**Science editor:** Yuan Qi

**Date sent for review:** 2016-10-07 19:16

**Date reviewed:** 2016-10-23 09:44

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

General comments: This is the interesting case report describing combination of ESD and POEM for an achalasia patient with early esophageal neoplasms. As the authors mention, achalasia is associated with an increased risk for esophageal squamous cell carcinoma, therefore, it is an issue that needs to be dealt with the way how to treat those patients. However, there are several points that should be resolved to improve the manuscript. Major comments: 1. An initial mucosal incision of POEM is usually made in the 2-3 o'clock position on the right lateral esophagus to aim for a straight tunnel ending to the lesser curvature at the cardia. Is it possible to perform the combination treatment for lesions located at the 2-3 o'clock position? Please clarify the location and size of lesions and discuss the indication and limitation of lesions in more detail. 2. You mentioned that the reasons you didn't perform ESD and POEM separately were to avoid the risks associated with two times of general anesthesia. However, it is possible to perform both ESD and POEM under intravenous anesthesia. I think that intravenous anesthesia has less risk than general anesthesia. Please discuss in more detail.

3. You mentioned “if POEM was performed first, it would result in submucosal fibrosis which might make the subsequent ESD difficult. If ESD first, large amount of fluid retention in the sigmoid-type achalasia will prolong the mucosal healing and even cause unfavorable complication such as bleeding in delayed fashion or systemic infection” in page 5, line 1. However, ESD also has a risk of perforation. If perforation occurs during ESD, POEM after ESD is also difficult. Do you still think it is necessary to perform POEM after ESD in order to reduce operation duration? Please discuss in more detail. Minor comments: 1. When do the patient start postoperative intake? The patient was treated by both ESD and POEM. So, more careful support is necessary for the patient. Please add more clear information. 2. English editing should be sought.