

## ESPS Peer-review Report

**Name of Journal:** World Journal of Gastrointestinal Pathophysiology

**ESPS Manuscript NO:** 4028

**Title:** Usefulness of percutaneous endoscopic gastrostomy for supportive therapy of advanced esophageal cancer

**Reviewer code:** 00042473

**Science editor:** Zhai, Huan-Huan

**Date sent for review:** 2013-06-12 14:00

**Date reviewed:** 2013-07-08 04:38

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"/> Existed	<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)		BPG Search:	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)	<input type="checkbox"/> Grade D: rejected	<input type="checkbox"/> Existed	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

## COMMENTS TO AUTHORS

The authors present a review of the impact of technique of PEG on patients with esophageal cancer. The technical aspects are well described. However, I have a few suggestions for the authors: 1. There is limited discussion of indications for the procedures. 2. The role of surgical (open vs. laparoscopic procedures) as well as jejunostomy should be discussed. 3. The risks of tumor implantation into PEG sites. 4. The impact of placement of the PEG in relation to the right gastroepiploic artery should be discussed, as this may limit the possibility of reconstruction after an esophagectomy by the stomach. 5. There is redundancy in the descriptions of the procedures which should be corrected. 6. Pictures of the different procedures would strengthen the review.

## ESPS Peer-review Report

**Name of Journal:** World Journal of Gastrointestinal Pathophysiology

**ESPS Manuscript NO:** 4028

**Title:** Usefulness of percutaneous endoscopic gastrostomy for supportive therapy of advanced esophageal cancer

**Reviewer code:** 00001114

**Science editor:** Zhai, Huan-Huan

**Date sent for review:** 2013-06-12 14:00

**Date reviewed:** 2013-07-12 20:23

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	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"/> Existed	<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)		BPG Search:	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)	<input type="checkbox"/> Grade D: rejected	<input type="checkbox"/> Existed	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

## COMMENTS TO AUTHORS

This is a review about PEG for supportive therapy of advanced esophageal cancer by Ogino and colleagues. But I wonder this paper is not specific for the patients with esophageal cancer. The title did not seem to meet the contents of this review. There are several points that should be addressed before consideration of its publication. I have the following comments – 1) This is a review about PEG for supportive therapy of advanced esophageal cancer, but it seems that most of references have no relation with esophageal cancer even though there are a lot of references about patients with head and neck cancer. I think this review is not specific for the patients with esophageal cancer. Sometimes the author seemed to describe the general views about PEG, not related to esophageal cancer. The author should reconsider the title. 2) Please provide reference about the sentence, “When the esophageal lumen becomes ~ develops.” in Page 3, Line6. 3) The paragraph about PEG procedure is too long and redundant. Please shorten this paragraph. 4) About Outcomes of PEG in Page 7, I am not sure I understand what the author mean. Because this paragraph is nothing but a list of papers about PEG for cancer of the esophagus. Please describe the point for PEG of esophageal cancer from those references. 5) About Complications in Page 9, there also seemed to be nothing about the patients with esophageal cancer.

## ESPS Peer-review Report

**Name of Journal:** World Journal of Gastrointestinal Pathophysiology

**ESPS Manuscript NO:** 4028

**Title:** Usefulness of percutaneous endoscopic gastrostomy for supportive therapy of advanced esophageal cancer

**Reviewer code:** 02445033

**Science editor:** Zhai, Huan-Huan

**Date sent for review:** 2013-06-12 14:00

**Date reviewed:** 2013-07-15 19:35

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	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"/> Existed	<input type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C (Good)	<input type="checkbox"/> Grade C: a great deal of	<input type="checkbox"/> No records	<input type="checkbox"/> Rejection
<input checked="" type="checkbox"/> Grade D (Fair)	language polishing	BPG Search:	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)	<input type="checkbox"/> Grade D: rejected	<input type="checkbox"/> Existed	<input checked="" type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

## COMMENTS TO AUTHORS

- The main section of this article is the outcome of PEG in esophageal cancer patients. And specifically this section seems a little confusing and needs clarification. The initial paragraph seems a mere enumeration of studies rather than a description of outcomes. I would suggest a better description differentiating technical outcomes and complications of the procedure from nutritional and performance status outcomes. - Sometimes PEG will be a temporal measure before surgery. Is there any influence of PEG on surgical reconstruction after removing the tube? - There is a short comment on indications in the outcomes section. Perhaps, from a practical point of view, it would be more appropriate to include a specific section on this topic, detailing the place of PEG on the therapeutic armamentarium of esophageal cancer (when to choose PEG over stenting, which insertion method should be used depending on patient characteristics, etc.) - Complications: the authors comment on the risk of malignant cell seeding at the PEG site. There is a very recent report (Ellrichman M, et al. Endoscopy 2013) that quantifies that risk. Since it is a significant risk, it should be taken into account when the insertion method is to be chosen. - Finally, most of the literature review includes head and neck cancers, not specifically esophageal cancers. Perhaps the authors should broaden the scope of the review beyond esophageal cancer.

## ESPS Peer-review Report

**Name of Journal:** World Journal of Gastrointestinal Pathophysiology

**ESPS Manuscript NO:** 4028

**Title:** Usefulness of percutaneous endoscopic gastrostomy for supportive therapy of advanced esophageal cancer

**Reviewer code:** 01559576

**Science editor:** Zhai, Huan-Huan

**Date sent for review:** 2013-06-12 14:00

**Date reviewed:** 2013-07-17 23:10

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	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"/> Existed	<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 checked="" type="checkbox"/> Rejection
<input checked="" 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"/> Existed	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

## COMMENTS TO AUTHORS

In order to prevent wound infection, which is one major flaw of pull method device, addition of overtube has been developed. The authors should specify this device and discuss the outcomes comparing with and without this overtube. The outcomes of PEG section, the authors only introduce references. Rather, more in depth discussion highlighting nutritional benefit (improving nutritional marker) among esophageal cancer patients undergoing multimodal therapies should be provided. The last paragraph of outcomes of PEG section contains mixed discussion concerning PEG for esophageal cancer and for head and neck cancer patients. According to the title of this paper, the discussion should be focused and concentrated on the PEG for esophageal cancer patients. Many references cited in the Complication section seem reports concerning PEG in head and neck cancer. The references should be highlighted on the esophageal cancer.