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PEER-REVIEW REPORT

Name of journal: World Journal of Gastrointestinal Oncology

Manuscript NO: 86270

Title: Analysis of factors associated with the development of heterochronic gastric cancer after endoscopic mucosal dissection in patients with early gastric cancer

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 07746180

Position: Peer Reviewer

Academic degree: MD, PhD

Professional title: Associate Professor

Reviewer's Country/Territory: Japan

Author's Country/Territory: China

Manuscript submission date: 2023-07-12

Reviewer chosen by: AI Technique

Reviewer accepted review: 2023-07-18 01:28

Reviewer performed review: 2023-07-28 09:19

Review time: 10 Days and 7 Hours

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Novelty of this manuscript	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No novelty
Creativity or innovation of this manuscript	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No creativity or innovation
Scientific significance of the conclusion in this manuscript	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No scientific significance
Language quality	<input type="checkbox"/> Grade A: Priority publishing <input checked="" type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
Conclusion	<input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input checked="" type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
Re-review	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Peer-reviewer statements	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous

	Conflicts-of-Interest: [] Yes [<input checked="" type="checkbox"/>] No
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SPECIFIC COMMENTS TO AUTHORS

This article retrospectively analyzed a cohort of patients with early gastric cancer treated by endoscopic mucosal dissection and compared patients who developed heterochronic gastric cancer after surgery with those who did not. The effect of patient age, gender, tumour size, pathological type and surgical technique on the development of heterochronic gastric cancer was assessed by statistical analysis. The article is within the scope of the journal. The subject is interesting. The presentation is well written and organized. Likewise, it is easy to read. On the other hand, the results presented are important in the area of article knowledge, and represent an advance. However, some issues have to be addressed: -Please add a brief background introduction to the abstract. -I don't quite understand what the second paragraph of the manuscript is trying to express. The Introduction should describe the background knowledge of the manuscript and introduce the endoscopic mucosal resection as objectively as possible. -The discussion section is general and should discuss the results of this present study more precisely. -The conclusion needs more targeted generalization of the whole study and can be more profound. Thank you for



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giving the opportunity to review this manuscript. I recommend to accept the manuscript after minor revision.

Dear Reviewer,

Thank you for providing feedback on our manuscript. We appreciate your time and valuable suggestions. Below, we have addressed each of your specific comments as follows:

1. Background Introduction in the Abstract: We apologize for the oversight. In response to your suggestion, we have added a brief background introduction to the abstract, providing context for the study.

2. Clarification of the Second Paragraph in the Manuscript: We understand your concern and apologize for any confusion caused. In the revised version, we have rewritten the second paragraph of the Introduction to provide a clearer and more objective description of endoscopic mucosal resection and its relevance to the study.

3. Precision in the Discussion Section: We appreciate your comment regarding the precision of the discussion section. In our revised manuscript, we have provided a more focused and precise discussion of the results, emphasizing



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the specific findings of this present study and their implications.

4.Enhanced Generalization in the Conclusion: We acknowledge your suggestion for a more targeted generalization in the conclusion. In response, we have revised the conclusion to provide a more profound summary of the entire study, including a concise overview of the key findings and their potential impact.

Once again, we sincerely thank you for your constructive feedback and recommendation to accept the manuscript after minor revisions. We have carefully considered your comments and believe that the revised manuscript will address all the concerns raised. Should you have any further suggestions or questions, please feel free to let us know. Your expertise and guidance are highly appreciated.

Best regards,

[Bing Xie]



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Peer-review model: Single blind

Reviewer's code: 07746258

Position: Peer Reviewer

Academic degree: MD, PhD

Professional title: Associate Professor, Doctor, Researcher

Reviewer's Country/Territory: Australia

Author's Country/Territory: China

Manuscript submission date: 2023-07-12

Reviewer chosen by: AI Technique

Reviewer accepted review: 2023-07-17 00:39

Reviewer performed review: 2023-07-31 00:47

Review time: 14 Days

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Novelty of this manuscript	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No novelty
Creativity or innovation of this manuscript	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No creativity or innovation
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Language quality	<input type="checkbox"/> Grade A: Priority publishing <input checked="" type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
Conclusion	<input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input checked="" type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
Re-review	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Peer-reviewer statements	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous

Conflicts-of-Interest: [] Yes [☒] No

SPECIFIC COMMENTS TO AUTHORS

There are few studies on concurrent or heterochronic gastric cancer. In this This retrospective study, authors investigate the risk factors affecting the development of concurrent and heterochronic gastric cancer after ESD, and provides a reference for clinical management. Overall, the subject of the manuscript is interesting. However, some minor revisions need to be performed before publishing: 1. First, the manuscript needs to be revised in accordance with the format requirements for retrospective articles, from the abstract part to the reference part, to meet the publication requirements of WJGO. 2. The results in the abstract are not fully supplemented, for example, The P value of correlation with patient age, gender, tumour size, pathological type, surgical technique and the occurrence of metachronous gastric cancer needs to be improved. 3. This is a retrospective study. Should the inclusion criteria include complete clinical data? 4. Fig. 1 presents many pictures of gastroscopy, but the reviewers believe that the correlation with the results of the article is not high. If it is to be retained, it is suggested to add more introduction about the Figures. 5. As mentioned in the article, the incidence of heterochronic and simultaneous



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gastric cancer was 11.7% and 9.2%. However, there is no description of the incidence results and detailed statistical analysis results in the results section of the article, which is suggested to be added. 6. The discussion about the article and the limitations of the study and the final conclusions need to be described more clearly. The paper can be accepted only after addressing all the issues.

Dear Reviewer,

We appreciate your review and valuable feedback on our manuscript. We have carefully considered each of your specific comments, and we provide the following point-by-point responses:

1.Revision of Manuscript Format: Thank you for pointing out the need to revise the manuscript to meet the format requirements for retrospective articles in accordance with the publication requirements of WJGO. We will ensure that the entire manuscript, from the abstract to the reference section, is revised to align with the specified format.

2.Supplementing Results in the Abstract: We apologize for the lack of complete information in the abstract regarding the correlation between patient age, gender, tumor size, pathological type, surgical technique, and the



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occurrence of metachronous gastric cancer. In the revised version, we will include the relevant P-values and improve the presentation of these results in the abstract.

3.Inclusion Criteria and Complete Clinical Data: As this was a retrospective study, the inclusion criteria did include patients with complete clinical data. However, we understand the importance of clarifying this point, and we will provide explicit clarification in the Methods section of the revised manuscript.

4. Clarification on Figure 1: We acknowledge your comment on the inclusion of multiple gastroscopy images in Figure 1. In the revised version, we will delete this section.

5.Detailed Statistical Analysis Results: We apologize for the omission of the incidence results and detailed statistical analysis in the Results section. In the revised manuscript, we will provide a comprehensive description of the incidence rates, along with the detailed statistical analysis results related to concurrent and heterochronic gastric cancer.

6.Clearer Discussion, Limitations, and Conclusions: We appreciate your suggestion to provide a clearer discussion about the study and its limitations, as well as improving the final conclusions. In response, we will revise the discussion



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section to provide a more in-depth and precise analysis of the study's findings, including a thorough acknowledgment of the limitations and implications. The conclusions will be strengthened to offer a more comprehensive summary of the research.

Thank you for your insightful comments and recommendation to accept the manuscript after addressing all the issues. We assure you that we will take all your suggestions into account while revising the manuscript. If you have any further questions or suggestions, please do not hesitate to let us know. Your expertise and guidance are greatly appreciated.

Best regards,

[Bing Xie]