



PEER-REVIEW REPORT

Name of journal: *World Journal of Gastroenterology*

Manuscript NO: 101886

Title: Advancements in Non-invasive Diagnosis of Gastric Cancer

Provenance and peer review: Invited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 05409839

Position: Peer Reviewer

Academic degree: MD, PhD, Professor

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Author's Country/Territory: China

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| Scientific quality | <input checked="" type="checkbox"/> Grade A: Excellent <input 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 Grade E: Do not publish |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 checked="" 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 checked="" 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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| Scientific significance of the conclusion in this manuscript | [<input checked="" type="checkbox"/>] Grade A: Excellent [<input type="checkbox"/>] Grade B: Good [<input type="checkbox"/>] Grade C: Fair [<input type="checkbox"/>] Grade D: No scientific significance |
| Language quality | [<input checked="" type="checkbox"/>] Grade A: Priority publishing [<input 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 checked="" type="checkbox"/>] Accept (High priority) [<input type="checkbox"/>] Accept (General priority) [<input 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: [<input type="checkbox"/>] Yes [<input checked="" type="checkbox"/>] No |

SPECIFIC COMMENTS TO AUTHORS

I am pleased to provide my review of this well-structured and informative manuscript, which presents a comprehensive analysis of the latest advancements in non-invasive diagnostic techniques for gastric cancer (GC). The manuscript is a timely and significant contribution to the ongoing efforts to enhance the early detection, diagnosis, and management of this devastating disease, which carries a substantial morbidity and mortality burden. Here are my main points of consideration and why I recommend acceptance of this manuscript: 1. The introduction section effectively underscores the pressing need for improved diagnostic tools in GC. It succinctly outlines the current challenges in GC diagnosis, including the discomfort and limitations associated with traditional invasive methods such as endoscopy and biopsy. This sets the stage for the subsequent sections, which detail the advancements in non-invasive diagnostic techniques. 2. The authors have done an exemplary job of presenting a detailed and up-to-date overview of the latest innovations in this field. The section on advanced imaging techniques is particularly informative, providing an in-depth look at the advancements in computed tomography (CT), magnetic resonance imaging (MRI), and



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positron emission tomography (PET) scans. These imaging modalities have seen significant improvements in resolution and specificity, enabling earlier and more accurate detection of GC. The authors' discussion on the use of contrast agents and radiotracers further enhances the diagnostic capabilities of these techniques, making them even more valuable in the clinical setting. 3. The manuscript also shines in its discussion of liquid biopsy, an innovative approach that involves analyzing blood or other bodily fluids for the presence of tumor-derived genetic material. The authors effectively convey the potential of liquid biopsy in providing real-time insights into the genetic and molecular profile of GC, which can guide personalized treatment strategies. While acknowledging the challenges associated with liquid biopsy, such as the need for sensitive and specific detection methods, the authors remain optimistic about its future in GC diagnosis, particularly as technology continues to evolve. 4. The inclusion of breath tests as a non-invasive diagnostic tool for GC is another notable aspect of the manuscript. Breath tests involve the analysis of volatile organic compounds (VOCs) in exhaled breath, which can be indicative of the presence of GC. The authors provide a thorough explanation of the underlying principles of breath tests and the latest research findings that support their use in GC diagnosis. While still in the early stages of development and clinical validation, breath tests hold promise as a simple, cost-effective, and non-invasive alternative to traditional diagnostic methods. 5. The implications of these advancements for patient outcomes are also well-discussed in the manuscript. The authors convincingly argue that non-invasive diagnostic techniques have the potential to significantly impact the early detection and management of GC, leading to better treatment results and improved quality of life for patients. They provide examples of how these techniques can be integrated into existing diagnostic pathways, highlighting the potential for a more streamlined and efficient diagnostic process. 6. The manuscript is well-written and easy to follow, making it accessible to readers with varying levels of



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expertise in GC diagnosis. The authors have effectively used tables, figures, and references to support their arguments and provide additional context for readers. The language is clear and concise, with minimal jargon, making the manuscript accessible to a wide audience. 7. While the manuscript is already comprehensive and informative, I would suggest two minor additions to further strengthen its argument and broaden its appeal. Firstly, the authors could include a brief discussion on the ethical implications of non-invasive diagnostic techniques for GC. While these techniques offer numerous benefits, they may also raise concerns related to privacy, informed consent, and equitable access to healthcare. Addressing these issues in the manuscript would provide a more holistic view of the advancements and their potential impact on society. 8. Despite these minor suggestions, I am confident that this manuscript represents a significant contribution to the field of GC diagnosis and is worthy of publication. It offers a timely and informative overview of the latest advancements in non-invasive diagnostic techniques, demonstrating the potential for these techniques to transform the management of GC and improve patient outcomes. Therefore, I recommend that the manuscript be accepted for publication without hesitation.



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| Scientific quality | <input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input checked="" 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 checked="" 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 checked="" type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No creativity or innovation |



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| Scientific significance of the conclusion in this manuscript | <input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Good <input checked="" type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No scientific significance |
| Language quality | <input type="checkbox"/> Grade A: Priority publishing <input type="checkbox"/> Grade B: Minor language polishing <input checked="" 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 type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input checked="" type="checkbox"/> Rejection |
| Re-review | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Peer-reviewer statements | Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous |
| | Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

SPECIFIC COMMENTS TO AUTHORS

Dear Authors, I have reviewed your article and would like to provide detailed feedback to help strengthen its quality and impact. Abstract: The abstract is well-structured but could benefit from including specific findings and statistics to create a stronger impact. For instance, mentioning the success rates or clinical effectiveness of the diagnostic technologies discussed would make the abstract more compelling. A concluding sentence that emphasizes the article’s main contribution or highlights the broader implications of the findings would leave a stronger impression on the reader. Introduction: The introduction section is concise but lacks depth. Expanding on the global health burden of gastric cancer and its socioeconomic and clinical implications would provide necessary context. Highlighting the critical importance of early diagnosis and its potential to improve survival rates would strengthen the introduction’s message. A comparative overview of traditional diagnostic methods versus newer, non-invasive approaches would provide readers with a more comprehensive understanding of the topic. Figures and Tables: The article currently lacks visual aids, which are essential for illustrating complex concepts. Including figures, such as diagrams of diagnostic



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workflows or tables comparing imaging techniques (e.g., spectral CT vs. MRI), would enhance readability and understanding. Graphs or tables presenting statistical outcomes, such as sensitivity and specificity rates of diagnostic methods, would provide robust support for your arguments. Narrative and Originality: Some sentences rely on generalized statements that lack specificity. Rewriting these sections with more precise language and data would improve the clarity and originality of the article. To differentiate your study from similar works in the literature, explicitly emphasize unique findings or novel insights. This would help establish the article's significance in advancing the field. Conclusion: The conclusion is clear but could include more actionable insights and recommendations for future research. For instance, discussing how the described technologies can be validated in diverse populations or addressing challenges such as cost-effectiveness and accessibility would make the conclusion more impactful. Providing a forward-looking perspective on the integration of these technologies into routine clinical practice would align well with the article's objectives. General Suggestions: Ensure consistent referencing throughout the text and consider citing recent high-impact studies to strengthen the article's credibility. Consider including a "limitations" subsection to acknowledge areas where the discussed technologies require further investigation or improvement. I strongly encourage you to address these points in your revisions. These updates will not only enhance the scientific rigor of your article but also make it more engaging and impactful for a wider audience. I look forward to reviewing the revised version. Best regards,



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| Scientific quality | <input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input checked="" 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 checked="" 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 checked="" 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 checked="" type="checkbox"/> Accept (General priority) <input 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: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

SPECIFIC COMMENTS TO AUTHORS

Dear authors, I read the study titled ‘Advancements in Non-invasive Diagnosis of Gastric Cancer’. The study provides information on the use of non-invasive tests in the detection of gastric cancer, the effect on the response to treatment, and the evaluation of lymph node metastasis or distant metastasis. The authors stated that the gold standard test would be endoscopic imaging and pathological confirmation with biopsy. The advantages of computerized tomography and magnetic resonance imaging among non-invasive tests were stated. Laboratory-based circulating tumor cells (CTCs), circulating tumor DNA (ctDNA) and exosomes were stated. Finally, it was emphasized that it could be determined according to the expiration component of alcohol etc. with a breath test. It was also emphasized in their expectations that studies still need to be conducted. The title, keywords and content are compatible. My Suggestions and Thoughts, The study emphasized non-invasive tests from a general perspective. It was emphasized that the reliability of these tests will become clearer with time and studies. 1. Making and accepting the language revision.



RE-REVIEW REPORT OF REVISED MANUSCRIPT

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Academic degree: MD, PhD, Professor

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Reviewer's Country/Territory: China

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| Scientific quality | <input checked="" type="checkbox"/> Grade A: Excellent <input 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 checked="" type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No novelty |
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| Scientific significance of the conclusion in this manuscript | <input checked="" type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No scientific significance |
| Language quality | <input checked="" type="checkbox"/> Grade A: Priority publishing <input 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 checked="" type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection |
| Peer-reviewer statements | Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

SPECIFIC COMMENTS TO AUTHORS

I am pleased with the additional work done in response to my comments and I recommend this manuscript for publication.



RE-REVIEW REPORT OF REVISED MANUSCRIPT

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Review time: 1 Day and 23 Hours

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| Scientific quality | <input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input checked="" 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 checked="" type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No novelty |
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| Language quality | <input checked="" type="checkbox"/> Grade A: Priority publishing <input 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 checked="" type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection |
| Peer-reviewer statements | Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

SPECIFIC COMMENTS TO AUTHORS

Dear authors, I have re-read your study titled 'Advancements in Non-invasive Diagnosis of Gastric Cancer' and read the revisions and comments made by other referees. I believe that your study can contribute to science.