



PEER-REVIEW REPORT

Name of journal: *World Journal of Gastrointestinal Surgery*

Manuscript NO: 94889

Title: Comparison of endoscopic and laparoscopic resection of gastric gastrointestinal stromal tumors: A propensity score-matched study

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 06534794

Position: Peer Reviewer

Academic degree: MD, PhD

Professional title: Associate Chief Physician

Reviewer's Country/Territory: China

Author's Country/Territory: China

Manuscript submission date: 2024-03-28

Reviewer chosen by: Yu Bai

Reviewer accepted review: 2024-08-21 08:07

Reviewer performed review: 2024-08-21 11:02

Review time: 2 Hours

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 Grade E: Do not publish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 checked="" 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

In the CERTIFICATION OF ENGLISH EDITING provided by the Japanese company, I noticed that "Dr. Shaowei Li" mentioned is not the named author of the current submitted manuscript. Please provide an additional explanation. Additionally, the current manuscript has several apparent instances of improper English expression. For example, in the phrase "each about 0.5, 0.5, 1.0, 0.5 cm long," the word "and" is missing. In the sentence "For tumors 2-5 cm in size, ER and LR have been shown to be safe and feasible treatments for localized GISTs over the past few years [20], the expression "have been shown to be" is too verbose, and a necessary conjunction is missing before "there." In the sentence "Previous studies have shown that ER shortens the operation duration and postoperative hospital stay and reduces hospital cost compared with LR and has advantages of early resumption of a liquid diet and fewer postoperative symptoms," there is an error in "cost" and a necessary punctuation mark missing before "and." In the "Conflict-of-interest statement: The authors declare that they have no conflict interests," the word "of" is missing. There are also several instances of Chinglish expressions and missing articles throughout the text. It is recommended that these issues be carefully



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reviewed and revised to improve the quality of the expression. The current manuscript states, "A total of 206 patients with gGISTs of 2-5 cm participated in this study," but the Approval Document issued by the local hospital mentions " ≥ 3 cm." In the information for the Correspondence author, the term "charge physician" is not a standard description for a medical professional title. It is recommended to confirm this again. The abstract should be as concise as possible. The current phrase "with the aim of providing a reference for the standardized treatment of gastric GISTs" in the AIM section is suggested to be modified to "to provide a reference for the standardized treatment of gastric GISTs." Similarly, "there were no significant differences in baseline characteristics between the laparoscopic group and the endoscopic group" in the RESULTS section is suggested to be modified to "there were no significant differences in baseline characteristics between the laparoscopic and endoscopic groups." It is suggested that the full name of "gGISTs" be supplemented when first mentioned in the abstract. The current manuscript lacks novelty in research. The topic "A Comparison of Endoscopic versus Laparoscopic Resection of Gastric Gastrointestinal Stromal Tumors: A Propensity Score-matched Study" has been addressed in a study conducted by Liu Bingrong from Zhengzhou, China, published in 2022 (PMID: 36313715). Compared to this mentioned research by Liu Bingrong, the study in the current manuscript includes a similar number of patients, and both utilize the propensity score-matched study. In research design, what indeed lacks in "A Comparison of Endoscopic versus Laparoscopic Resection of Gastric Gastrointestinal Stromal Tumors" may not be another propensity score-matched study but rather high-quality random control trials, which is a consensus among many researchers in this field (PMID: 36313715). The patient data in the RESULTS section shows that all lesions in both groups were larger than 3.0cm, which is inconsistent with the multiple descriptions of 2 to 5cm in the current manuscript. Please clarify whether the current expression needs to be adjusted. In the Discussion section, the authors



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analyze published propensity score-matched studies in the field, stating, "To our knowledge, only a few scholars have performed a PS-matched analysis, but different scholars have different views. For example, Dong et al. concluded that LR was better than ER [6], whereas other studies concluded that ER is safer and more economical than LR [18, 27]. Therefore, the results of the present study may serve as a reference for clinicians." However, reference No. 26 in this manuscript, also a propensity score-matched study, was missing from this analysis.



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Manuscript NO: 94889

Title: Comparison of endoscopic and laparoscopic resection of gastric gastrointestinal stromal tumors: A propensity score-matched study

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 08156722

Position: Peer Reviewer

Academic degree: MD, PhD

Professional title: Assistant Professor

Reviewer's Country/Territory: Poland

Author's Country/Territory: China

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Reviewer chosen by: Yu Bai

Reviewer accepted review: 2024-08-16 06:54

Reviewer performed review: 2024-08-22 13:27

Review time: 6 Days and 6 Hours

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 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 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 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

The title of the work reflects the purpose. The abstract is properly constructed and clear. Key words require slight correction. The abbreviation GIST should be added. You may consider adding key words characterizing the prognostic assessment. This will emphasize the value of the work. The work is written clearly, but I have a few comments regarding my duties as a reviewer. The introduction states that ER is characterized by lower hospitalization costs. How does the ER have lower hospitalization costs? The equipment needed to perform such procedures is much more expensive than laparoscopic equipment. Could I ask for an explanation? The methodology was created in a clear way, but in assessing the risk of complications, some kind of standardization should be sought. Maybe it is worth assessing complications according to the Clavien-Dindo scale and dividing them into clinically significant and clinically irrelevant? Later, when comparing other articles, the definitions of complications are different. As a result, the analysis results differ from each other and are not convergent. The results in the text and tables are presented in a legible and clear way. What I miss about the long-term results is the survival aspect. What was the average survival time in each



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group? Is this the same as average follow-up time? The discussion is properly structured. It is worth expanding it with a paragraph on the impact of R0 resection on survival in the group of patients with gastric GIST. Could you please add this? In my opinion, this would enrich the educational value of the articles. The conclusions summarize the obtained results well and contribute a lot to the treatment of minimally invasive gastric GIST. The literature is cited correctly. However, only 50% concern articles from the last 5 years. It is worth updating the literature whenever possible. However, I realize that due to the rarity of this type of cancer, it may be difficult.



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Manuscript NO: 94889

Title: Comparison of endoscopic and laparoscopic resection of gastric gastrointestinal stromal tumors: A propensity score-matched study

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer’s code: 08134212

Position: Peer Reviewer

Academic degree: MD

Professional title: Doctor

Reviewer’s Country/Territory: Reviewer_Country

Author’s Country/Territory: China

Manuscript submission date: 2024-03-28

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Reviewer accepted review: 2024-08-19 13:47

Reviewer performed review: 2024-08-24 00:36

Review time: 4 Days and 10 Hours

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



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 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

First, this study introduced that endoscopic resection (ER) and laparoscopic resection (LR) have been widely used in the treatment of non-metastatic gastrointestinal stromal tumors (gist) (2-5 cm), compared the advantages and disadvantages of the two surgical modalities, and provided a reference for the standardized treatment of gastric stromal tumors. The results of the study found that the ER group was significantly better than the LR group in restoring liquid diet and postoperative symptoms. In terms of complete removal rate, LR group was superior to ER group. There were no significant differences in complications and long-term prognosis between the two groups. The idea of the article is clear, has good continuity, but also has certain limitations. For example, increasing the sample size will increase the credibility, supplement the risk factors and other related studies, and more in-depth discussion of the mechanism will make the research more comprehensive and interesting. However, if the research innovation is added, the article will be more interesting. There are still some problems in the methodological part, so it is suggested to improve and supplement. Finally, please polish the language of the article, improve the grammar and other relevant checks, so as to



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make the article more readable. Please complete and add the following questions, thank you! 1. The study provides a detailed surgical approach, but the methodological part needs to be supplemented: Please improve the inclusion and exclusion criteria, such as whether specific surgical procedures are used for duodenal stromal tumors? 2. Please explain how the surgical methods of the two groups of patients were selected. 3. Please specify the sample size estimate in detail 4. The definition of P value should be two-side $P < 0.05$ is meaningful. 5. Please explain the definition of anastomotic fistula, and what post-operative examinations are performed on patients to detect anastomotic fistula? 6. The research lacks some innovation, please explain the innovation of the research.



RE-REVIEW REPORT OF REVISED MANUSCRIPT

Name of journal: *World Journal of Gastrointestinal Surgery*

Manuscript NO: 94889

Title: Comparison of endoscopic and laparoscopic resection of gastric gastrointestinal stromal tumors: A propensity score-matched study

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer’s code: 06534794

Position: Peer Reviewer

Academic degree: MD, PhD

Professional title: Associate Chief Physician

Reviewer’s Country/Territory: China

Author’s Country/Territory: China

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Reviewer accepted review: 2024-09-05 10:00

Reviewer performed review: 2024-09-05 12:25

Review time: 2 Hours

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



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 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
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

Thank you for the detailed response. There are still some minor issues to address. For instance, in the "Answering Reviewers" document, the response to the content "The current manuscript states, 'A total of 206 patients with gGISTs of 2-5 cm participated in this study,' but the Approval Document issued by the local hospital mentions '≥3cm.'" is "For gastric GISTs with a diameter smaller than 3 centimeters, we have filed with the Ethics Committee and published a relevant paper titled 'Submucosal tunneling endoscopic resection for small upper gastrointestinal subepithelial tumors originating from the muscularis propria layer.'" This response does not resolve the issue mentioned above. Suppose the authors insist on the description of "2-5 cm" in the current manuscript. In that case, it is recommended that an additional "Institutional Review Board Approval Form or Document" be supplemented based on the current document. Otherwise, the current Approval Document does not align with the current manuscript. In addition to this, the current manuscript mentions support from 7 research projects. Upon reviewing the currently uploaded "Approved Grant Application Form(s) or Funding Agency Copy of any Approval Document(s)," it appears that the majority of these 7 projects lack relevance to the current manuscript, including "激光共聚焦显微内镜



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在急性胰腺炎患者肠道功能评估中的应用"(Application of Laser Confocal Microendoscopy in Assessing Intestinal Function in Patients with Acute Pancreatitis)、" 基于知信行健康教育模式对肠息肉术前低血糖高危人群的效果研究"(Effects of Knowledge-Attitude-Practice Health Education Model on High-Risk Groups for Hypoglycemia before Polypectomy)、"3D 纳米薄膜电极生物传感器检测 DNA 甲基化相关生物标志物在胃癌早期诊断中的应用"(3D Nanofilm Electrode Biosensor for Detecting DNA Methylation-Related Biomarkers in Early Diagnosis of Gastric Cancer)、" 基于 NLRP3/Caspase-1/GSDMD 焦亡通路探讨葛根素对结肠癌的影响及其分子机制的研究"(Exploring the Effects of Puerarin on Colorectal Cancer and Its Molecular Mechanism Based on the NLRP3/Caspase-1/GSDMD Pyroptosis Pathway)、"miR-29a-3p 通过 PTEN/PI3K/AKT 信号通路在胃癌发生发展中的调控机制研究"(Regulatory Mechanism of miR-29a-3p through the PTEN/PI3K/AKT Signaling Pathway in the Occurrence and Development of Gastric Cancer)、and"PDGF-R β 调控 PI3K/AKT 信号通路促进食管 ESD 术后狭窄分子机制的研究"(Study on the Molecular Mechanism of PDGF-R β Regulating PI3K/AKT Signaling Pathway to Promote Esophageal Stricture after ESD Surgery). Are the authors considering revising this section of the content?