



PEER-REVIEW REPORT

Name of journal: *World Journal of Gastroenterology*

Manuscript NO: 95008

Title: Gastric Cystica Profunda: Another Indication for Minimally Invasive Endoscopic Resection Techniques?

Provenance and peer review: Invited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 07734161

Position: Peer Reviewer

Academic degree: MD

Professional title: Doctor

Reviewer's Country/Territory: China

Author's Country/Territory: Canada

Manuscript submission date: 2024-03-29

Reviewer chosen by: AI Technique

Reviewer accepted review: 2024-05-10 17:05

Reviewer performed review: 2024-05-20 18:48

Review time: 10 Days and 1 Hour

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 Grade E: Do not publish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 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 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 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: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS

The authors comprehensively describe the advantages and disadvantages of minimally invasive endoscopic treatments such as Endoscopic Mucosal Resection (EMR) and Endoscopic Submucosal Dissection (ESD), using the rare and complex condition of Gastric Cystica Profunda (GCP) as a focal point. They elucidate the characteristics of GCP and the benefits of current endoscopic treatments. However, I has the following issues: 1.“A Japanese multicenter prospective cohort study reported 5-year overall survival rates of 89% among patients undergoing endoscopic resection for early gastric cancer, affirming the efficacy of these techniques[16]”. The authors do not provide a detailed analysis of the lesion locations, lymph node infiltration results, or the specific endoscopic treatment modalities used in these early gastric cancer patients. The absence of these results could impact the assessment of endoscopic treatments for early gastric cancer. After all, to avoid residual tumors, more extensive surgical resection might be necessary in many cases. 2.The authors detail the pathological characteristics of GCP. Given the atypical clinical presentation and diverse endoscopic appearances of GCP, NBI and EUS are currently advantageous as auxiliary diagnostic tools. However, since



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GCP is considered an early precancerous lesion, its pathological type is closely associated with the risk of malignancy. Have the authors analyzed the prognosis of different lesion changes after endoscopic treatment as reported in relevant studies? 3. In the analysis of GCP, the data the authors used are derived from a report in China. Considering the regional differences in the incidence of GCP, are the results from multicenter, multi-regional studies? It is recommended to incorporate research results from various regions in other countries for greater persuasiveness.