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PEER-REVIEW REPORT

Name of journal: *World Journal of Gastroenterology*

Manuscript NO: 90694

Title: Endoscopic features and treatments of gastric cystica profunda

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 05328836
Position: Editorial Board
Academic degree: FRCPC, MD, PhD
Professional title: Assistant Professor
Reviewer's Country/Territory: Canada
Author's Country/Territory: China

Manuscript submission date: 2023-12-11

Reviewer chosen by: AI Technique

Reviewer accepted review: 2023-12-18 01:53

Reviewer performed review: 2023-12-18 02:44

Review time: 1 Hour

Scientific quality	[ ] Grade A: Excellent [ ] Grade B: Very good [Y] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish
Novelty of this manuscript	[ ] Grade A: Excellent [Y] Grade B: Good [ ] Grade C: Fair [ ] Grade D: No novelty
Creativity or innovation of this manuscript	[ ] Grade A: Excellent [Y] Grade B: Good [ ] Grade C: Fair [ ] Grade D: No creativity or innovation

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Scientific significance of the conclusion in this manuscript	[ ] Grade A: Excellent [Y] Grade B: Good [ ] Grade C: Fair [ ] Grade D: No scientific significance
Language quality	[ ] Grade A: Priority publishing [Y] Grade B: Minor language polishing [ ] Grade C: A great deal of language polishing [ ] Grade D: Rejection
Conclusion	[ ] Accept (High priority) [ ] Accept (General priority) [Y] Minor revision [ ] Major revision [ ] Rejection
Re-review	[Y] Yes [ ] No
Peer-reviewer statements	Peer-Review: [Y] Anonymous [ ] Onymous
	Conflicts-of-Interest: [ ] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

With interest I reviewed this manuscript evaluating endoscopic resection outcomes for GCP with or without EGC. The authors should be commended for describing a rarely encountered endoscopic findings with an impressive sample size. Please see my comments below: I would suggest that the authors restructure their manuscript around describing endoscopic outcomes for GCP instead of emphasizing the GCP with or without EGC sub-analysis; the latter of which can be described as a sub-analysis which they have already done. My comments below largely focus on gaining a better understanding for the evaluated cohort and describing the endoscopic management of GCP. The authors state that the standard of care is to endoscopically treat all cases of GCP. If this is the case, the authors should state this as this allows better inherence to the overall management of GCP How was GCP diagnosed pre-resection: as a standard would all patients receive histologic confirmation or would endoscopic resection be based on optical evaluation. I think it would be extremely valuable for the authors to describe the potential optical characteristics of GCP further, specifically any mucosal surface changes alongside morphological changes What was the original indication for

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endoscopic evaluation/how did these patients present for consideration of endoscopic evaluation? The authors mention that they only included patients with available follow-up data and complete demographic and clinical information were included in the study. How many patients were excluded for this reason? Also what is the definition of complete information? Could the authors please clarify their definition of cancerous change as it pertains to their definition of early gastric cancer? As a standard, are the sites pathologists blinded to clinical information during their evaluation or was pathology for suspected cases of GCP re-evaluated by blinded pathologists? Could the authors please clarify what they mean by electric cutting when referring to potential treatments for polypoid-type GCP? Could they also define ESE?