



BAISHIDENG PUBLISHING GROUP INC

8226 Regency Drive, Pleasanton, CA 94588, USA

Telephone: +1-925-223-8242

Fax: +1-925-223-8243

E-mail: bpgoffice@wjgnet.com

http://www.wjgnet.com

ESPS PEER REVIEW REPORT

Name of journal: World Journal of Gastrointestinal Endoscopy

ESPS manuscript NO: 13156

Title: Multiband Mucosectomy for endoscopic resection of advanced dysplastic lesions

Reviewer code: 00504558

Science editor: Yue-Li Tian

Date sent for review: 2014-08-08 11:19

Date reviewed: 2014-10-22 03:48

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
<input checked="" type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> Existing	<input type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C: Good	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> No records	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	BPG Search:	<input checked="" type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input type="checkbox"/> Existing	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

COMMENTS TO AUTHORS

To the authors: I think this paper is a good review of the state of the art in the endoscopic mucosal resection, showing the benefits of the multiband mucosectomy. But the paper is focused only in the upper digestive tract, esophageal lesions and Barret disease. I think the author must reflect in the title and the abstract that the paper talks only about esophageal lesions.



BAISHIDENG PUBLISHING GROUP INC

8226 Regency Drive, Pleasanton, CA 94588, USA

Telephone: +1-925-223-8242

Fax: +1-925-223-8243

E-mail: bpgoffice@wjgnet.com

http://www.wjgnet.com

ESPS PEER REVIEW REPORT

Name of journal: World Journal of Gastrointestinal Endoscopy

ESPS manuscript NO: 13156

Title: Multiband Mucosectomy for endoscopic resection of advanced dysplastic lesions

Reviewer code: 02505493

Science editor: Yue-Li Tian

Date sent for review: 2014-08-08 11:19

Date reviewed: 2014-10-04 15:57

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> Existing	<input type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C: Good	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> No records	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	BPG Search:	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input type="checkbox"/> Existing	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

COMMENTS TO AUTHORS

The m/s reviews the literature on the advantages and disadvantages of multiband mucosectomy in patients with lesions of high-grade dysplasia or early cancer of the upper gastrointestinal tract. The article aims to cover the current evidence and gaps in knowledge in the understanding the management of these lesions. The article describes in details the technique with very informative figures and a table, its applicability in patients' characterization and/or treatment, as well as its complications. Moreover, it compares multiband mucosectomy vs. cap-assisted endoscopic mucosal resection for minimally invasive treatment of lesions with advanced dysplasia, and vs. endoscopic submucosal dissection for the treatment of selected neoplasias. The m/s is well organized however it requires extensive linguistic review in order to be acceptable for publication. Some characteristic examples, among others, are as follows: 1. The term dysplastic, present in the title and elsewhere in the text, is not correct, and the term dysplastic must be used. The authors use in their text the terms "non-dysplastic", "neoplastic", etc, and in some cases they use the term "dysplastic" (page 8, line 13 and page 9, line 9 from end). 2. Page 13, lines 16-17: "The results confirmed ESD showed considerable advantages over EMR". 3. Page 10, line 5: "...patients undergo EET...". 4. Page 7, line 7: "...the risk of endoscopic therapy outweigh the benefits....".