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PEER-REVIEW REPORT

Name of journal: *World Journal of Gastroenterology*

Manuscript NO: 119757

Title: Diagnostic accuracy in early gastric cancer: Is endoscopic ultrasound staging still reliable?

Provenance and peer review: Invited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 09036191
Position: Peer Reviewer
Academic degree and professional title: Director, PhD
Reviewer's Country/Territory: United States
Author's Country/Territory: Algeria

Manuscript submission date: 2026-02-04

Reviewer chosen by: AI Editor

Reviewer accepted review: 2026-02-09 21:34

Reviewer performed review: 2026-02-09 22:21

Review time: 1 Hour

Content to be reviewed	Does the manuscript's content fall within the scope of the journal? **Yes** Is there any Key Word that is not included in the manuscript title? **No** Do authors' affiliations correspond to the content of the manuscript? **Yes** Does the Abstract contain the contents of each part of the manuscript (IMRaD)? **Yes** Are the Key Words complete? **Yes**

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	Is the content of the Introduction adequate? **Yes** Is the content of the Materials and Methods complete? **Yes** Is the description of the experiments clear and complete? **Yes** Are the experimental data presented in the manuscript's biostatistics content reliable? **Yes** Are the experimental data of the Results true and reliable? **Yes** Are the quality and resolution of the images up to standard? **Yes** Do the selection and design of the figures and tables follow the principles of necessity and clarity? **Yes** Is there any duplication between various parts of the manuscript and between the main text and the content presented in the figures and tables? **Yes** Are the figures and tables numbered consecutively in the order in which they appear in the manuscript? **Yes** Is the content of the Discussion reasonable? **Yes** Is the Conclusion reasonable? **Yes** Are all references necessary and reasonable? **Yes** Do authors omit important references? **Yes** Are all references related to the topic of the manuscript? **Yes** Do authors only cite their own earlier publications? **Yes** Is the manuscript's text correct, concise, and clear? **Yes** Will the manuscript's content be of interest to readers? **Yes** Are additional experiments needed for the study? **Yes** Does the research scope comply with ethics? **Yes**

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Scientific quality	Grade B (Very good)
Novelty of this manuscript	Grade B (Very Good)
Creativity or innovation of this manuscript	Grade B (Very Good)
Scientific significance of the conclusion in this manuscript	Grade B (Very Good)
Language quality	Grade A (Excellent)
Does this manuscript describe a study of the existing knowledge system?	Yes
Does this manuscript report a revolutionary innovation?	No
Does this manuscript report an unconventional innovation?	No
Conclusion	Accept
Re-review	Yes
Peer-reviewer statements	Peer-Review: Anonymous
	Conflicts-of-Interest: No
Are your review comments generated by AI tools?	No

SPECIFIC COMMENTS TO AUTHORS

This work effectively highlights the unmet needs in diagnostic practice and emphasizes the value of clinically practical methods. The paper underscores the importance of diagnostic accuracy and its direct influence on selecting the most appropriate treatment or surgical plan for individual cases. It is crucial to clearly articulate the existing "unmet needs" associated with conventional endoscopy, including its limitations in visual assessment, operator dependency, and variability in detecting subtle lesions. Understanding which factors meaningfully affect diagnostic outcomes—and how these

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factors shape subsequent treatment decisions—is essential for improving clinical practice. In real-world settings, clinicians must constantly balance treatment burden, patient risk, and expected outcomes. An accurate diagnosis serves as the foundation for this decision-making process and is equally important for monitoring treatment effectiveness over time.

The findings presented in the paper have practical relevance for clinicians. Moreover, identifying unmet needs and examining the underlying factors that contribute to diagnostic uncertainty can offer valuable insights for the development of next generation imaging technologies. Such analysis raises important considerations and opportunities for device researchers aiming to improve tools used to assess tumor invasion depth in early gastric cancer.

However, the methodology and analytical approach require further clarification. It would strengthen the paper to provide more detail on how the analysis was designed, executed, and validated. Additionally, the background section would benefit from more epidemiological context to clearly define the diagnostic challenges in gastric cancer—such as incidence trends, stage distribution at diagnosis, and the clinical consequences of misclassification. A more thorough explanation of disease progression, available treatment modalities, and their associated outcomes would also help readers understand why accurate depth assessment is so critical. While the article is not intended to be a systematic review, incorporating a broader overview of existing diagnostic options—including their strengths, limitations, and comparative performance—would support a more robust and well grounded conclusion.

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Position: Peer Reviewer
Academic degree and professional title: PhD, Professor
Reviewer's Country/Territory: China
Author's Country/Territory: Algeria

Manuscript submission date: 2026-02-04
Reviewer chosen by: Hong-Xin Jiang
Reviewer accepted review: 2026-02-10 12:05
Reviewer performed review: 2026-02-14 10:09
Review time: 3 Days and 22 Hours

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Scientific quality	Grade C (Good)
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Language quality	Grade C (Good)
Does this manuscript describe a study of the existing knowledge system?	Yes
Does this manuscript report a revolutionary innovation?	No
Does this manuscript report an unconventional innovation?	No
Conclusion	Minor revision
Re-review	No
Peer-reviewer statements	Peer-Review: Anonymous
	Conflicts-of-Interest: No
Are your review comments generated by AI tools?	No

SPECIFIC COMMENTS TO AUTHORS

The research on which this editorial is based (by Jia XY et al.) and the resulting viewpoints have the following key advantages and clinical value:

The study directly addresses a core problem in the diagnosis and treatment of early gastric cancer (EGC) - the accuracy of endoscopic ultrasound (EUS) in staging Tis/T1a lesions is compromised. It clearly indicates that in certain circumstances (such as the presence of ulcers or young patients), the reliability of EUS will decline, which reminds clinicians not to blindly rely on a single test result.

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The study found that when there is a gastric ulcer, the sensitivity of EUS drops sharply to 41.25%, which is a very specific warning data.

The study pointed out that "being younger" and "having ulcers" are significant factors leading to over-staging. This helps doctors maintain higher vigilance when interpreting the EUS results of young patients or those with early cancerous changes accompanied by ulcers.

This editorial accurately presents the dual risks brought about by the staging error:

Over-treatment (misjudging T1a as deeper infiltration): This leads to patients undergoing unnecessary surgeries, suffering greater trauma and incurring higher costs.

Insufficient treatment (underestimating T1b): This may increase the risk of recurrence and delay the optimal treatment timing.

This clear exposition of the clinical consequences reinforces the urgency of improving diagnostic accuracy.

Given the limitations of EUS, this commentary naturally leads to a more comprehensive solution - one that cannot rely solely on EUS. This provides sufficient reasons to explore and integrate other diagnostic methods (such as enhanced CT, magnetic resonance imaging (MRI), or more detailed pathological assessment), promoting the transition from "single technology reliance" to "comprehensive diagnostic strategies".

The editorial is not limited to the study itself but is also examined from a global perspective and other diagnostic methods are discussed. This makes the research conclusion more universally applicable and guides readers to think about how to optimize the pre-treatment staging process for early gastric cancer in different medical resources and contexts.

The core advantage of this study lies in its revelation of the "blind spots" of endoscopic ultrasound (EUS) in specific clinical situations and the provision of specific influencing factors and data. This prompts gastroenterologists and oncologists to make treatment

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decisions by comprehensively considering the individual characteristics of patients (age, ulcer condition), and provides a strong evidence-based basis for the development and application of more precise multimodal diagnostic technologies in the future.