Reviewer's report

Title: Essential pre-treatment imaging examinations in patients with endoscopically-diagnosed early gastric cancer

Version: 1 Date: 15 December 2009

Reviewer: Kyosuke Tanaka

Reviewer's report:

The submitted manuscript presents an interesting report of discussing which imaging procedures are truly necessary before treatment of early gastric cancer (EGC). While the manuscript gives interesting information regarding the usefulness of imaging procedures before treatment some concerns remain to be clarified.

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Major Compulsory Revisions (that the author must respond to before a decision on publication can be reached)

General

Gastroenterologists want to know the lymph node metastasis and distant metastasis in EGC. Approximately 15% patients with submucosal cancers have lymph node metastasis. EMR make it possible to resect mucosal and submucosal gastric cancers endoscopically. However, final diagnosis of histopathology reveals after EMR or surgery. Furthermore, surgery may be necessary when complication of EMR occur. Therefore, most gastroenterologists assume that contrast-enhanced CT is essential as a routine pre-treatment imaging examination. I consider that normal finding of CT is sufficient information for patient with EGC.

The conclusions should perhaps be more carefully stated.

Methods

Image procedures
1. This manuscript does not show the order of each imaging procedure. It is very important factor of detection of abnormal findings, especially the procedure which is not objective such as abdominal US.

Result

Treatment selection, pathological diagnosis and patient prognosis
2. The authors should clarify the depth (m or sm), final diagnosis of histopathology and clinical stage of EGCs. Because those are very important factor regarding lymph node metastasis.

3. EMCT is tumor destructive therapy, so gastric cancers which treated by EMCT
did not prove EGCs pathologically.

4. The authors described no additional gastrectomy after EMR. Were all results of EMR complete resection and curative resection? Eight (6.7%) advanced cancers were diagnosed by underestimation. Some submucosal cancer may be diagnosed by underestimation. Were there any submucosal cancers in the EGCs resected by EMR?

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Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)

Methods
Subjects
1. The punch biopsy is not general description; I recommend the simple word “biopsy”.

Result
Treatment selection, pathological diagnosis and patient prognosis
2. EMCT is abbreviation of endoscopic microwave coagulation therapy.

Level of interest: An article of importance in its field

Quality of written English: Acceptable

Statistical review: No, the manuscript does not need to be seen by a statistician.

Declaration of competing interests:
I declare that I have no competing interests.