



Is endoscopic resection better than laparoscopic resection for gastric gastrointestinal stromal tumors?

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There has been a growing use of less invasive endoscopic procedures to remove gastrointestinal stromal tumors, including endoscopic enucleation and full-thickness resection with endoscopic instruments. In comparison with open surgery, the benefits of endoscopic removal include a shorter stay in the hospital, less sedation and analgesic needs and less costly. Recently, Wang and colleagues performed a meta-analysis entitled “*Comparison of efficacy and safety between endoscopic and laparoscopic resections in the treatment of gastric stromal tumors: a systematic review and meta-analysis*” (1), which was published in *Journal of Gastrointestinal Oncology*. It is greatly appreciated that the authors provided us with a meta-analysis for evaluating the efficacy of endoscopic and laparoscopic resections for gastric stromal tumors. This meta-analysis revealed that endoscopic resection (ER) was safer and more efficient than laparoscopic resection (LR) in the field of incidence rate of postoperative complications of length of stay, total cost for treatment, average operative duration, blood loss, intraoperative blood loss and postoperative diet recovery time, except the rate of R0 resection. Thus, ER should be proactively considered as a treatment option. Although the meta-analysis of that study is well-done, there are several issues that need to be addressed.

First of all, there are some flaws with the literature search. Initially, there was no detailed description of the search strategy nor the manual search protocol provided by the investigators at the outset. We noticed that the article was submitted in October 2022, but the time of article

screening was from January 2010 to January 2020. We suggest that the time of literature retrieval can be extended to 2022 in order to make it more reliable and legible. In addition, the search strategy they used didn't find all of the articles related to this topic. For example, the research of Wu *et al.* and Dai *et al.*'s studies was not included (2,3).

A second concern is that despite the authors' claims that their study adhered to PRISMA guidelines, a number of methodological shortcomings were found in the study (4). According to our review, this study has not yet been registered in international databases of prospectively registered systematic reviews (PROSPERO) and with no CRD number. Furthermore, the authors of this meta-analysis appear to have made an error. According to the authors, *Tab. 1* illustrates the basic characteristics, study period, study design and quality scores of the included articles. As shown in the *Tab. 1*, the study design of Dong *et al.*'s is randomized, but in fact, the study design of this article is case matched study (5).

Finally, there is an obvious error in *Tab. 2*. As shown in the *Tab. 2*, the tumor size of Chen's is 6.44 and 6.54 cm for ER and LR group, in fact, the tumor size of this article is 2.5 and 3.0 cm for ER and LR group respectively (6).

In conclusion, Wang *et al.* performed an excellent meta-analysis to comparing the efficacy and safety between ER and LR for gastric stromal tumors. We appreciate the contribution of the authors and believe that is a valuable study. In our opinion, further high quality randomised controlled trials are needed to validate the findings.

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Footnote

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Ethical Statement: The authors are accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

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