



Endoscopic and laparoscopic resections for gastric stromal tumors which one is better?

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The most common mesenchymal-derived tumor of the digestive system is gastrointestinal stromal tumors (GIST), which have a tendency to deteriorate and their biological behavior is unpredictable. Therefore, the National Comprehensive Cancer Network (NCCN) guidelines recommend that the standard of care for GIST is complete resection of the lesion (1,2) without removal of the negative lymph nodes. Endoscopic resection (ER) and laparoscopic resection (LR) of GIST are the two main surgical approaches.

Both ER and LR have advantages and risks, and although they have been widely used for treatment, Wang *et al.* found that there is a lack of comparative studies on the efficacy and safety of LR and ER for GIST (3). Ultimately, the authors have reached a significant conclusion that ER was safer and more efficient than LR in terms of all the outcomes, except the R0 resection rate (3). Whereas, we hold the view that there are some noteworthy problems in the authors' study.

Firstly, we discovered that this article was not registered in PROSPERO and lacked a CRD number. Moreover, the search formula was not listed in the article. We therefore recommend that the authors should provide a CRD number and a complete search procedure to ensure the rigor and reproducibility of this meta-analysis.

Secondly, the authors seem to have made some obvious mistakes. *Tab. 1* of the paper shows the information of the included literature. The Dong *et al.* paper is a case-matched study in terms of study design (4), while the table refers it as randomized. Furthermore, the number of patients in the

LR group was written as 164 in *Tab. 2*, yet, it was shown as 165 in the original paper (4).

Thirdly, *Tab. 2* shows the demographics of the patients in each literature. In the literature of Jeong *et al.*, the mean age of all patients in both groups was 55.4 years and the mean tumor size was 3.1 cm (5), instead of the mean age of 55.4 years and mean tumor size of 3.1 cm in both the ER and LR groups as shown in the table of the *Tab. 2*. Similarly, *Tab. 2* replaced the mean age of the two groups with the mean age of all patients in the literature of Zhang *et al.* of 42.5 years (6).

Fourthly, the study period for all the literature included by the authors was 1998–2018. We were unable to determine whether developments in endoscopic and laparoscopic techniques after 2018 would have affected the results discussed, so we recommend that the authors update the included literature to ensure that the conclusions are up-to-date.

In conclusion, Wang *et al.* conducted a high-quality meta-analysis to compare the efficiency and safety of ER and LR as treatments for GIST. We thank the authors for their effort, but we still hope that the authors can fix some minor problems in the article so as to improve the credibility of the conclusions.

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Footnote

Conflicts of Interest: All authors have completed the ICMJE uniform disclosure form (available at <https://jgo.amegroups.com/article/view/10.21037/jgo-23-293/coif>). The authors have no conflicts of interest to declare.

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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