



The efficacy and safety of endoscopic mucosal dissection for early gastrointestinal cancer and precancerous lesions

Qingbo Feng^{1#}, Chang Yu^{2#}, Ruoyi Li^{2#}, Qiuju Ren², Fei Xie², Shengli Chen², Maijian Wang¹

¹Department of General Surgery, Digestive Disease Hospital, Affiliated Hospital of Zunyi Medical University, Zunyi, China; ²Department of General Surgery, Kweichow Moutai Hospital, Renhuai, China

#These authors contributed equally to this work.

Correspondence to: Maijian Wang, MD. Department of General Surgery, Digestive Disease Hospital, Affiliated Hospital of Zunyi Medical University, MD, No. 147 Dalian Road, Huichuan District, Zunyi 563000, China. Email: 864205468@qq.com.

Comment on: Liu M, Yue Y, Wang Y, *et al.* Comparison of efficacy and safety between endoscopic mucosal dissection and resection in the treatment of early gastrointestinal cancer and precancerous lesions: a systematic review and meta-analysis. *J Gastrointest Oncol* 2023;14:165-74.

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It is an effective and safe method of removing neoplastic lesions in both the upper and lower gastrointestinal tract by endoscopic mucosal dissection (EMD). In EMD, large lesions cannot be resected *en bloc*, which can result in an increased risk of recurrence and hamper histopathologic analysis. Liu *et al.* performed a meta-analysis to compare the efficacy and safety between EMD and resection in the treatment of early gastrointestinal cancer and precancerous lesions (1). The authors have reached an important conclusion that EMD is better than conventional treatment for early gastrointestinal cancer and precancerous lesions. Nevertheless, after carefully reviewing this study, we would like to point out a few fundamental problems.

First of all, after careful examination, the investigators have not provided us with a comprehensive report on their search strategy as well as a manual search protocol. It is likely that their search strategy was insufficient to find all of the articles on this subject. Additionally, a complete search of English literature was conducted only through three electronic databases (Web of Science, Embase, and Cochrane Library) (1). Hence, we advised the authors to provide us with a comprehensive search method and include additional electronic databases like Scopus, MEDLINE, and PubMed, in order to conduct a thorough search for relevant studies. In addition, no CRD number was provided for this review, which was not in PROSPERO.

Secondly, there are several errors in the article. *Tab. 1* summarizes the basic information of the 10 articles included in the study. According to *Tab. 1*, the total number

of cases should be 1,123, while the abstract text shows 1,165 cases (1). In addition, the number of the control group is 611 cases instead of 580 cases (1). Not all 10 articles are EMD treatment, with 6 showing gastrointestinal endoscopy treatment. Therefore, it is recommended that the abstract be best described as the observation group rather than the EMD group (1). In addition, we suggest that the author summarize the tumor size, tumor type and R0 resection rate of both groups of patients included in the literature.

Thirdly, although the author evaluated the bias of the 10 included articles, the study did not provide a quality score for the 10 included articles. Considering that all 10 included articles were randomized controlled studies, we suggest using the Jadad score to provide a quality score for the articles (2).

Fourthly, the vast majority of the 10 included literature are Chinese and have significant heterogeneity. We suggest performing meta regression and subgroup analyses to explore potential sources of heterogeneity. The recurrence rate after EMD surgery is very important and yet has not been discussed in the article. It is recommended that the author summarize the 10 articles included that involve recurrence rate and analyze the recurrence rate of EMD surgery for readers to choose appropriate surgical methods.

Finally, although the authors have used Egger's linear regression test for analysis of publication bias in the results section, we still recommend the authors show funnel plots in the article to demonstrate publication bias visually (1). It

is essential for meta-analyses to conduct sensitivity analyses. However, the study had no sensitivity analysis conducted, and we suggest doing so to enhance the credibility of the article.

In summary, Liu *et al.* carried out a good-quality meta-analysis to examine the efficacy and safety of EMD for early gastrointestinal cancer and precancerous lesions (1). In our view, we believe that the efficacy and safety of EMD needs to be further investigated.

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Footnote

Provenance and Peer Review: This article was a standard submission to the journal. The article did not undergo external peer review.

Conflicts of Interest: All authors have completed the ICMJE uniform disclosure form (available at <https://jgo.amegroups.com/article/view/10.21037/jgo-23-726/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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