



**PEER-REVIEW REPORT**

**Name of journal:** World Journal of Gastrointestinal Oncology

**Manuscript NO:** 32115

**Title:** The effects of age on survival and morbidity in gastric cancer patients undergoing gastrectomy

**Reviewer’s code:** 02955019

**Reviewer’s country:** Japan

**Science editor:** Ze-Mao Gong

**Date sent for review:** 2016-12-31

**Date reviewed:** 2017-01-08

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input checked="" type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input type="checkbox"/> High priority for publication
<input checked="" type="checkbox"/> Grade C: Good		<input type="checkbox"/> Duplicate publication	
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Plagiarism	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade E: Poor	<input type="checkbox"/> Grade D: Rejected	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Minor revision
		BPG Search:	<input checked="" type="checkbox"/> Major revision
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

**COMMENTS TO AUTHORS**

Dear Authors Thank you for giving me the nice opportunity to read this article. This is interesting to report the effects of age on survival and morbidity in gastric cancer patients undergoing gastrectomy, however it should describe the following queries. 1. RESULTS; Page 6, Line 18: Patient’s characteristics are shown in Table 1,2→ Flow chart of group distribution in the registry is to be added, and Table1,2 should be the patient and surgical characteristics which contain both of “observational dataset” and “matched dataset” by a propensity score, with standard difference. 2. RESULTS; Page 6, Line 21: optimal cut-off age for gastrectomy in terms of OS was 80.6 years old (AUC=0.544, TP=0.737, FP=0.596).→ Please present these data in a Figure. 3. RESULTS; Page 7,8, Table3,4→Univariate and multivariate data should present “unweighted” and “weighted data”, with “crude” and “adjusted” 95% CI and hazard ratio. 4. RESULTS; Page 7-8, and Figure1-2 →I wonder the unit of horizontal axis of “times after surgery” in Figure 1A,1B,2A,2B would be “years”, not “months”.



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## PEER-REVIEW REPORT

**Name of journal:** World Journal of Gastrointestinal Oncology

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**Title:** The effects of age on survival and morbidity in gastric cancer patients undergoing gastrectomy

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<input type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input type="checkbox"/> High priority for publication
<input checked="" type="checkbox"/> Grade C: Good		<input type="checkbox"/> Duplicate publication	
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Plagiarism	<input type="checkbox"/> Rejection
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		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

### COMMENTS TO AUTHORS

Hereby I would like to comment on the article entitled: "The effects of age on survival and morbidity in gastric cancer patients undergoing gastrectomy" by the authors Fujiwara Y et al et al. The authors present a retrospective analysis with propensity score matching on the influence of age on outcome following gastrectomy. This is an interesting study that is well-written. I have some specific comments: Comments: 1. The important finding is that patients aged > 80 years have more complications and a worse overall survival probably due to co-morbidity and postoperative complications. This is a retrospective analysis. a. How were patients selected for surgery? Maybe only the best patients underwent surgery? This is an important selection bias that limits definitive conclusions. b. To make a conclusion from this is to compare patients aged >80 years with patients of the same age-group but did not undergo surgery; what is overall and cancer-specific survival in this group? Do the authors have data on this? This needs better discussion. 2. The authors state that lymph node metastasis is related to OS. Is that



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also true for the elderly group? A substantial number of this group did not undergo lymph node dissection. Is this because these patient had a non-curative resection (also n=18). If this is so, the conclusion that a better lymph node dissection is necessary in this patient group is potentially nod valid. Please comment. 3. The main conclusions in the Core tip/abstract and discussion is that a better lymph node dissection is necessary and that careful FU is necessary. I do not agree with this. I think the important conclusion is that postoperative complications are higher, mortality is higher (although still acceptable). But we have to see this in light of doing nothing in these patients. Adding such data would increase the scientific value of this manuscript.