

## PEER-REVIEW REPORT

**Name of journal:** World Journal of Gastroenterology

**Manuscript NO:** 35032

**Title:** Evaluation of recurrence in gastric carcinoma: comparison of contrast-enhanced CT and PET/CT

**Reviewer's code:** 02845261

**Reviewer's country:** Greece

**Science editor:** Yuan Qi

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CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input 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 type="checkbox"/> Grade C: Good	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Duplicate publication	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input type="checkbox"/> Plagiarism	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input type="checkbox"/> No	<input type="checkbox"/> Major revision
		BPG Search:	
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input type="checkbox"/> No	

## COMMENTS TO AUTHORS

**CRITIQUE** This manuscript is very interesting and should be published in priority after minimal revision has been made. It is a retrospective study comparing the value of contrast enhanced abdominal CT and the fluorodeoxyglucose (FDG) positron emission tomography/computed tomography (PET/CT) for detecting recurrence of gastric carcinoma after curative resection. The paper is very good regarding English grammar and syntax. However, there are certain points requiring improvement in syntax. For instance in Page 15 (3rd page of Discussion), line 22: imaging follow up may not be enough for confirm the ...it should be corrected as: ...enough to conform... The authors report the limitations of their study in the Discussion (page 15): it was a retrospective study with a limited number of patients, and not all recurrent lesions were diagnosed histopathologically. However, this paper is one of the few papers comparing the two most widely used methods of detecting recurrence of gastric carcinoma after resection. Their results are valuable in our clinical practice, as they found that CT is superior than



## BAISHIDENG PUBLISHING GROUP INC

7901 Stoneridge Drive, Suite 501, Pleasanton, CA 94588, USA

Telephone: +1-925-223-8242

Fax: +1-925-223-8243

E-mail: [bpgoffice@wjgnet.com](mailto:bpgoffice@wjgnet.com)

<http://www.wjgnet.com>

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PET/CT in detecting recurrent lesions in the anastomotic site, in lymph nodes, and the peritoneum. PET/CT was found only superior than CT in detecting liver metastases. These results are in accordance with clinical practice and the medical literature.