

PEER-REVIEW REPORT

Name of journal: World Journal of Gastrointestinal Oncology

Manuscript NO: 36031

Title: Impact of duration of adjuvant chemotherapy in radically resected patients with T4bN1-3M0/TxN3bM0 gastric cancer

Reviewer's code: 00505438

Reviewer's country: Australia

Science editor: Jin-Xin Kong

Date sent for review: 2017-09-07

Date reviewed: 2017-09-08

Review time: 19 Hours

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

An excellent article looking at the utility of adjuvant chemotherapy in the treatment of locally advanced gastric cancer. In addition it adds valuable information in terms of the outcomes with differing types of chemotherapy and length of chemotherapy regimes. A couple of issues which need addressing. 1. The authors note 12 patients who declined chemotherapy. It was unclear what the outcome of these patients were. Were they excluded from analysis or were they included in the patients who had chemotherapy less than 6 mths. They should be recorded as a separate group in terms of outcome as if there any survivors from this group it could raise so questions as to the conclusions. 2. The authors rightly note the heterogeneous group particularly with chemo regimes but by categorizing them into mono, bi and tri therapy groups they overcome some of these issues. It is unclear however how they deal with patients who had recurrence and then

moved onto further regimes. Were these patients included in the study and if so what were the outcomes. 3. The authors concentrate on outcomes with Korean and Japanese studies not unnaturally as these deal with adjuvant therapies. However the screening programmes used in these countries mean that they do not have the bulk of experience in advanced gastric cancers and the authors should reference the European and Australasian literature where this is far more commonly seen and compare their outcomes. 4. Similarly the gold standard for treatment of these stages of gastric cancer in Europe, Australasia, and US is neoadjuvant therapy followed by surgery then adjuvant therapy. The authors should discuss these regimes and the associated clinical studies more comprehensively in their discussion perhaps looking at geographical differences in terms of treatments. 5. The authors rightly acknowledge the limitations of their preoperative staging regimes in terms of identifying metastatic disease and thus the ability in avoiding futile surgery. The authors should discuss the staging investigations which were used and the fact that those patients who had a laparotomy only and recurrence within 1 month undoubtedly had preoperative metastatic disease accounting for their demise which with modern staging would not have had a laparotomy. This should be more fully discussed.

PEER-REVIEW REPORT

Name of journal: World Journal of Gastrointestinal Oncology

Manuscript NO: 36031

Title: Impact of duration of adjuvant chemotherapy in radically resected patients with T4bN1-3M0/TxN3bM0 gastric cancer

Reviewer's code: 02534438

Reviewer's country: Croatia

Science editor: Jin-Xin Kong

Date sent for review: 2017-09-07

Date reviewed: 2017-09-20

Review time: 13 Days

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

Dear Sir, I read with great pleasure the paper titled "Impact of duration of adjuvant chemotherapy in radically resected patients with T4bN1-3M0/TxN3bM0 gastric cancer". I have several remarks: Authors state from 326 patients with T4bN1-3M0/TxN3bM0 stage there were 18+48 patients with distant metastases ? M0 excludes distant metastases. Btw., what were those distant meatstases ? Liver ? Lungs ? Also, from 326 patients who underwent R0 resection 21 had positive resection margin ? What do authors mean by D2 lymphadenectomy ? By the book, it involves splenectomy, but many surgeons call spleen presevring gastrectomy D2. Actually it is in between D1 and D2, depending on how well the splenic nodes were harvested (usually not sufficiently in Europe). Do outcomes differ between different regimens of doublet and triplet chemotherapy ? Was intraperitoneal perfusion performed in a HIPEC setting with peritonectomy ? Why was



**Baishideng
Publishing
Group**

7901 Stoneridge Drive, Suite 501,
Pleasanton, CA 94588, USA
Telephone: +1-925-223-8242
Fax: +1-925-223-8243
E-mail: bpgoffice@wjgnet.com
https:// www.wjgnet.com

stage included in multivariate analysis when it was not significant in univariate analysis ?
How many patients had bone metastases without liver or lung metastases ?