



PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Cases

Manuscript NO: 55161

Title: Advances in para-aortic nodal dissection in gastric cancer surgery: A review of research progress over the last decade

Reviewer's code: 00071054

Position: Peer Reviewer

Academic degree: MD, PhD

Professional title: Professor

Reviewer's Country/Territory: Japan

Author's Country/Territory: China

Manuscript submission date: 2020-03-04

Reviewer chosen by: AI Technique

Reviewer accepted review: 2020-03-04 21:54

Reviewer performed review: 2020-03-08 22:15

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Scientific quality	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input checked="" type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Language quality	<input checked="" type="checkbox"/> Grade A: Priority publishing <input type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
Conclusion	<input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input checked="" type="checkbox"/> Major revision <input type="checkbox"/> Rejection
Re-review	<input type="checkbox"/> Yes <input type="checkbox"/> No
Peer-reviewer statements	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No



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SPECIFIC COMMENTS TO AUTHORS

This review article was well written by means of thorough literature search in general. I have some comments as follows: 1. "Definitely, based on the current conclusions, intraoperative histological biopsy of the abovementioned relevant lymph nodes is feasible and effective to determine whether further PAND is needed": This strategy is not practical and not accepted. 2. "The 5-year survival of the patients with AGC with PAN metastasis ranges from 13% to 70.3%, as listed in Tables 2 and 3", "For patients with AGC with positive PANs, the survivals ranged from 13% to 70.3% along with the corresponding treatment, as listed in Tables 2 and 3": JCOG 9501 study included patients with AGC without PAN metastasis (only 8.5% of patients had PAN metastasis). The 5-year survival of 70.3% was seen in those who underwent D2+PAND, irrespective of PAN status. 3. In "chemotherapy" and "radiotherapy" section, many studies that had not directly focused on patients with PAN metastasis were included, which would confuse the readers. The authors should have extracted the data about patients with PAN metastasis from these studies, if possible. 4. "For example, a phase III trial recommended adjuvant S-1 for patients with stage II or III gastric cancer after surgery with better survival than those with surgery only, and the 3-year overall survival (OS) rate reached 80.1% vs. 70.1% of the surgery only group", "The most common adverse events of grade 3 or 4 (defined according to the Common Toxicity Criteria of the National Cancer Institute) of the S-1 single application comprised anorexia (6.0%), nausea (3.7%), and diarrhea (3.1%)", "after preoperative chemotherapy followed by surgery, the relapse-free survival rate can reached as high as over 70% at 3 years by Sakuramoto and ...": ACTS-GC trial should not be included in this review. 5. Difference in common adverse events among three JCOG trials with similar inclusion criteria but different preoperative chemotherapy regimens should be summarized in additional



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Table, which might help the readers understand. 6. Each author's first name was unnecessary (see Tables).



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Name of journal: World Journal of Clinical Cases

Manuscript NO: 55161

Title: Advances in para-aortic nodal dissection in gastric cancer surgery: A review of research progress over the last decade

Reviewer's code: 03017458

Position: Peer Reviewer

Academic degree: MD, PhD

Professional title: Assistant Professor

Reviewer's Country/Territory: Ukraine

Author's Country/Territory: China

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Reviewer chosen by: Jie Wang

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Scientific quality	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input checked="" type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Language quality	<input type="checkbox"/> Grade A: Priority publishing <input checked="" type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
Conclusion	<input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input checked="" type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
Re-review	<input type="checkbox"/> Yes <input type="checkbox"/> No
Peer-reviewer statements	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No



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SPECIFIC COMMENTS TO AUTHORS

This review addresses the current problem of surgical oncology - the efficacy of advanced lymph node dissection in the surgical treatment of gastric cancer. After M. Sasako's et al, N Eng J Med, 2008 study, extended lymph node dissection is not included in any standard of surgical treatment for gastric cancer. A review of new scientific topics is needed in this field. The review article is well-structured and balanced. However, it has the following disadvantages: • Keywords: "para-aortic, lymph node .." - superfluous comma; • Introduction: "...the so-called D3 resection ..." - term D3 should be replaced by D2+ (according to Japanese Gastric Cancer Association. Japanese gastric cancer treatment guidelines 2010 (ver. 3). Gastric Cancer 2011; 14: 113-123). In Table 2, page 22 "... was significantly lower in D3 dissection, even with similar overall..." at the same way; • Page 8: "PANs can be considered the terminal regional nodes of gastric lymphatic drainage, which can be dissected to avoid the threat of systemic metastases originating from the lymphatic system ..." it is according to classical theory of William Halsted. But, the possibility of distant lymphogenous metastases or systemic dissemination without metastases in regional lymph nodes should be briefly mentioned; • serious comments to Conclusions: -- no words were mentioned about PAND in the conclusions (actually about the main essence of the article). -- "...To date, the CS chemotherapy combined with surgery plus extensive lymphadenectomy is considered the standard means for advanced gastric cancer..." - only in Japan! -- "In the future, multimodal therapy including the extensive lymphadenectomy synergistically combined with appropriate chemotherapy and or immunotherapy ..." - does not correspond to the main text of the article, which does not mention immunotherapy in any way. Given all of the above, as well as the lack of conceptually new results on this issue in the current literature, I recommend that after



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making all the corrections to accept the article for publication, but in World Journal of Gastrointestinal Oncology.



PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Cases

Manuscript NO: 55161

Title: Advances in para-aortic nodal dissection in gastric cancer surgery: A review of research progress over the last decade

Reviewer's code: 02537840

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Academic degree: PhD

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Reviewer's Country/Territory: Japan

Author's Country/Territory: China

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Scientific quality	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input checked="" type="checkbox"/> Grade E: Do not publish
Language quality	<input type="checkbox"/> Grade A: Priority publishing <input checked="" type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
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Re-review	<input type="checkbox"/> Yes <input type="checkbox"/> No
Peer-reviewer statements	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No



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SPECIFIC COMMENTS TO AUTHORS

The authors discussed about the para-aortic nodal dissection in gastric cancer surgery, however, there are several problems in their manuscript and thus their manuscript cannot be accepted in the present form. 1) Their manuscript contains several inaccurate references as follows. - In table 3, the ACTS-GC study (ref. 71) was listed as report for patients with pathological positivity of PAN, however, it was randomized trial of adjuvant chemotherapy for stage II/III gastric cancer. The population of the study do not include patients with pathologically positive lymph node metastases in PAN area. - Similarly, the JCOG0001 and 0405 (ref. 33 and 72) were phase II trials for extended lymph node metastases. Some of the accrued patients has clinically positive metastasis in PAN area, however, many of the patients in these studies were pathologically negative in PAN area, although the results were acquired after neoadjuvant chemotherapy. - In the PAN section of the manuscript, they stated the dissection of the No.16a2-lat was optional based on the report by Morita et al. (ref.34). But the description about No. 16a2-lat was limited for distal gastrectomy in the report. 2) There are too many points of discussion about PAN dissection for gastric cancer in the manuscript. For example, the indication, benefit, and risk of PAND, as well as the regimen and cycle number of neoadjuvant chemotherapies. They should limit the point of discussion in their manuscript. 3) There are redundant descriptions in the manuscript. For example, the classification of PAN such as No.16a1, No.16a2, No.16b1, and No.16b2 is not necessary in the manuscript because the classification is described in detail in the previous references.