

PEER-REVIEW REPORT

Name of journal: *World Journal of Gastrointestinal Surgery*

Manuscript NO: 83560

Title: Prognostic value of 11-factor modified frailty index in postoperative adverse outcomes of elderly gastric cancer patients in China

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 03030982

Position: Peer Reviewer

Academic degree: DSc

Professional title: Associate Professor, Surgeon, Surgical Oncologist

Reviewer's Country/Territory: Denmark

Author's Country/Territory: China

Manuscript submission date: 2023-01-30

Reviewer chosen by: AI Technique

Reviewer accepted review: 2023-02-07 17:50

Reviewer performed review: 2023-02-19 16:05

Review time: 11 Days and 22 Hours

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 Grade E: Do not publish
Novelty of this manuscript	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Good <input checked="" type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No novelty
Creativity or innovation of this manuscript	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Good <input checked="" type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No creativity or innovation

Scientific significance of the conclusion in this manuscript	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Good <input checked="" type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No scientific significance
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 type="checkbox"/> Minor revision <input checked="" type="checkbox"/> Major revision <input type="checkbox"/> Rejection
Re-review	<input checked="" 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

SPECIFIC COMMENTS TO AUTHORS

This retrospective study of a frailty index used mainly in other cancer patient operations is investigated for the usefulness in surgery of gastric cancer patients. It is written in a clear, understandable and nice english language. The conclusion seems very clear that the investigated Frailty score is useful. However, there seems to a problem in the presentation of the results. First of all: why is a cut-off value of 0.27 used ? only because it seemed best empirically ? When the mFI-11 is tested for its superiority in multivariate analysis there are no arguments for why other variables are used in the model (was it because they tested significant in the univariate analysis? if this is the case: then why is PG vs TG used and not "drinking" ?) Very important is: Why is not used a dichotomized cut-off value for serum albumin (that would be a stronger variable than the numeric value) AND this seems to be the same problem with PNI in the multivariate model. In this way it seems that the authors are favouring the mFI-11. It is not really clear how mFI-11 is calculated: congestive heart failure and myocardial infarction may be included in "cardiac problems" - same with cerebrovascular problems and history of stroke. The manuscript is flawed by a missing aware of the comparison of the mFI-11

used with other cancer and benign surgical procedure types. furthermore the reference list is not correct (in example page 3 line 90 "Velanovich" for reference 9 and line 274 "Donald" for reference 24 and line 279 "Dayama" for ref 26). Ref 18 and 19 is the same. In the discussion of limitations (line 304) it is not mentioned that with operations on patients older than 65 years old there may always be some surgeon selection of the patients. In the grouping of 65-75 vs >75 years there is no big difference in mFI-11 distribution: That indicates that there may be some selection - especially as age seems to be important in multivariate analysis of admission to ICU - why is this parameter not shown for mortality ? In table 1 and 2 I cannot see what the signs for TNM and ASA is (only squares) In fig 3 the E-diagram is not necessary, as it is included in F

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Peer-review model: Single blind

Reviewer's code: 05194798

Position: Editorial Board

Academic degree: MD

Professional title: Director

Reviewer's Country/Territory: Japan

Author's Country/Territory: China

Manuscript submission date: 2023-01-30

Reviewer chosen by: Dong-Mei Wang

Reviewer accepted review: 2023-02-27 21:16

Reviewer performed review: 2023-03-05 01:16

Review time: 5 Days and 4 Hours

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
Novelty of this manuscript	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No novelty
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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 checked="" 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

SPECIFIC COMMENTS TO AUTHORS

This manuscript is an original article that retrospectively investigated the prognostic value of the 11-index modified frailty index (mFI-11) for postoperative complications and long-term survival in elderly patients with radical gastric cancer. The authors demonstrated that the mFI-11 was significantly associated with anastomotic fistula, mortality and ICU admission after radical gastric cancer surgery in elderly patients in China, which was superior to prognostic assessment tools, including TNM or PNI. This study was conducted well, and the methods are appropriate. The results will be of interest to clinicians in the field. However, the following major and minor issues require clarification: Major 1. The methodology of univariable and multivariable logistic regression analysis seems to be difficult to understand. I recommend that the authors explain it in the Methods section. Furthermore, the authors should describe the results of univariable logistic regression analysis, followed by multivariable one. Minor 1. Please provide an unabbreviated word of "PNI" and "ICU". 2. "Gastric cancer" should be abbreviated to "GC" from the second appearance. 3. (P3L101-102) "Elderly" is overlapped. 4. (P7L297) The authors commented that identification of greater risks may

lead to management changes. Readers would be interested in this point. Please describe it in detail, by showing some examples.

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Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 05122255

Position: Peer Reviewer

Academic degree: MD

Professional title: Reader (Associate Professor), Surgeon, Surgical Oncologist

Reviewer's Country/Territory: Taiwan

Author's Country/Territory: China

Manuscript submission date: 2023-01-30

Reviewer chosen by: Dong-Mei Wang

Reviewer accepted review: 2023-02-28 01:01

Reviewer performed review: 2023-03-12 10:29

Review time: 12 Days and 9 Hours

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
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Conclusion	<input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input checked="" type="checkbox"/> Rejection
Re-review	<input type="checkbox"/> Yes <input checked="" 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

SPECIFIC COMMENTS TO AUTHORS

This manuscript focused on a scoring system, mFI-11, and tried to understand its predicting power for elderly gastric cancer patients. All the patients in this study underwent radical gastrectomy as treatment. I have several opinions. I put both major and minor concerns together: (1) What is PNI? The author first mentioned this term in the introduction without giving readers the full name. (2) This is no doubt that mFI-11 definitely has better predicting power since it has 11 items. The TNM system, only focuses on tumor itself. However, the TNM system actually reflects the severity of the disease and gives clinicians and patient information regarding cancer. If we would like to predict a postoperative outcome for a patient precisely, other factors should no doubt be taken into consideration. In order to interrogate the efficacy of mFI-11, I do not think it was reasonable to take TNM and PNI as control. How about Charlson Comorbidity Index? How about ECOG status? How about ASA-PS? A reasonable approach should be selecting patients with the same tumor stages and comparing 2 different scoring systems. In addition, mFI-11 can be known preoperatively. However, TNM can only be known after surgery is done. I believe that authors can use their approach to conduct studies

regarding pancreatic cancer, hepatocellular carcinoma, and colonic cancer and can get a similar result. A scoring system for individual patients comparing a staging system with simple disease severity annotation is not a good study design. (3) Author should explain more regarding mFI-11, including how it was derived from the original FI. The references in the list seemed inappropriate, such as references 9 and 22. The author should cite the original articles rather than the articles which cited the original articles. (4) One of the outcomes of this study, ICU admission, may have different meanings. For the mFI-11 high patients, surgeons may arrange postoperative ICU admission for 1 or 2 nights. On the other hand, patients may also be admitted to ICU due to postoperative complications. The authors did not define this outcome clearly. (5) Authors did not provide the reference of cut-of-value, 0.27. The authors just mentioned this was derived from a previous study. In summary, the most critical flaw in this study was its design, just as I have mentioned in (2). The critical flaw made this study unsound scientifically. Just as I mentioned, authors can substitute “gastric cancer” for any cancer for which surgery is indicated for the treatment and will have a similar result. My opinion is rejection due to its fundamental error.

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Peer-review model: Single blind

Reviewer's code: 03822338

Position: Editorial Board

Academic degree: FACS, MBBS, MNAMS, MS

Professional title: Professor, Surgeon

Reviewer's Country/Territory: India

Author's Country/Territory: China

Manuscript submission date: 2023-01-30

Reviewer chosen by: Dong-Mei Wang

Reviewer accepted review: 2023-02-27 15:52

Reviewer performed review: 2023-03-12 20:40

Review time: 13 Days and 4 Hours

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
Novelty of this manuscript	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Good <input checked="" type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No novelty
Creativity or innovation of this manuscript	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Good <input checked="" type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No creativity or innovation

Scientific significance of the conclusion in this manuscript	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No scientific significance
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 type="checkbox"/> Minor revision <input checked="" type="checkbox"/> Major revision <input type="checkbox"/> Rejection
Re-review	<input checked="" 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

SPECIFIC COMMENTS TO AUTHORS

Criteria Checklist for New Manuscript Peer-Review Dear Authors, Congratulations on coming up with a retrospective study on an upcoming area (Frailty). The study is well conceiving and analysed, but has some methodological flaws (secondary objective of comparing TNM with and thereby 11mFI) which are two dissimilar things. The discussion is repetitive at many places which I have commented alongside the article. Please consider correcting them. Best wishes

- 1 Title. Does the title reflect the main subject/hypothesis of the manuscript? YES. But it needs to be brief
- 2 Abstract. Does the abstract summarize and reflect the work described in the manuscript? YES
- 3 Key Words. Do the key words reflect the focus of the manuscript? YES
- 4 Background. Does the manuscript adequately describe the background, present status and significance of the study? YES
- 5 Methods. Does the manuscript describe methods (e.g., experiments, data analysis, surveys, and clinical trials, etc.) in adequate detail?
- 6 Results. Are the research objectives achieved by the experiments used in this study? YES What are the contributions that the study has made for research progress in this field? It finds 11mFI as a better predictors of Mortality and morbidity than PNI alone
- 7 Discussion. Does the



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manuscript interpret the findings adequately and appropriately, highlighting the key points concisely, clearly and logically? YES Are the findings and their applicability/relevance to the literature stated in a clear and definite manner? YES Is the discussion accurate and does it discuss the paper's scientific significance and/or relevance to clinical practice sufficiently? NO. Needs correction 8 Illustrations and tables. Are the figures, diagrams, and tables sufficient, good quality and appropriately illustrative, with labeling of figures using arrows, asterisks, etc, and are the legends adequate and accurately reflective of the images/illustrations shown? YES 9 Biostatistics. Does the manuscript meet the requirements of biostatistics? YES 10 Units. Does the manuscript meet the requirements of use of SI units? YES 11 References. Does the manuscript appropriately cite the latest, important and authoritative references in the Introduction and Discussion sections? Does the author self-cite, omit, incorrectly cite and/or over-cite references? NO 12 Quality of manuscript organization and presentation. Is the manuscript well, concisely and coherently organized and presented? NO. Is the style, language and grammar accurate and appropriate? NO 13 Research methods and reporting. Authors should have prepared their manuscripts according to BPG's standards for manuscript type and the appropriate topically-relevant category, as follows: (1) CARE Checklist (2013) - Case report; (2) CONSORT 2010 Statement - Clinical Trials study, Prospective study, Randomized Controlled trial, Randomized Clinical trial; (3) PRISMA 2009 Checklist - Evidence-Based Medicine, Systematic review, Meta-Analysis; (4) STROBE Statement - Case Control study, Observational study, Retrospective Cohort study; and (5) The ARRIVE Guidelines - Basic study. For (6) Letters to the Editor, the author(s) should have prepared the manuscript according to the appropriate research methods and reporting. Letters to the Editor will be critically evaluated and only letters with new important original or complementary information should be considered for publication. A Letter to the Editor that only recapitulates

information published in the article(s) and states that more studies are needed is not acceptable? YES 14 Ethics statements. For all manuscripts involving human studies and/or animal experiments, author(s) must submit the related formal ethics documents that were reviewed and approved by their local ethical review committee. Did the manuscript meet the requirements of ethics? YES

RE-REVIEW REPORT OF REVISED MANUSCRIPT

Name of journal: *World Journal of Gastrointestinal Surgery*

Manuscript NO: 83560

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Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 05194798

Position: Editorial Board

Academic degree: MD

Professional title: Director

Reviewer's Country/Territory: Japan

Author's Country/Territory: China

Manuscript submission date: 2023-01-30

Reviewer chosen by: Yu-Lu Chen

Reviewer accepted review: 2023-03-17 10:45

Reviewer performed review: 2023-03-18 08:43

Review time: 21 Hours

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 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 checked="" type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
Peer-reviewer	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous



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statements

Conflicts-of-Interest: [] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

Thank you for revising your manuscript according to my suggestions. The revised manuscript is improved enough to be accepted.

RE-REVIEW REPORT OF REVISED MANUSCRIPT

Name of journal: *World Journal of Gastrointestinal Surgery*

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Professional title: Professor, Surgeon

Reviewer's Country/Territory: India

Author's Country/Territory: China

Manuscript submission date: 2023-01-30

Reviewer chosen by: Yu-Lu Chen

Reviewer accepted review: 2023-03-19 18:23

Reviewer performed review: 2023-03-19 19:13

Review time: 1 Hour

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Very good <input 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
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statements

Conflicts-of-Interest: [] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

Please refer to the attached comment's an documents. Regards