PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology
Manuscript NO: 33598
Title: RECURRENCE IN NODE-NEGATIVE ADVANCED GASTRIC CANCER: NOVEL FINDINGS FROM AN IN-DEPTH PATHOLOGICAL ANALYSIS OF PROGNOSTIC FACTORS FROM A MULTICENTRIC SERIES
Reviewer's code: 00037816
Reviewer's country: Japan
Science editor: Yuan Qi
Date sent for review: 2017-02-20
Date reviewed: 2017-02-26
Review time: 5 Days

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
[ ] Grade A: Excellent	[ ] Grade A: Priority publishing	Google Search:	[ ] Accept
[ ] Grade B: Very good	[Y] Grade B: Minor language polishing	[ ] The same title	[ ] High priority for publication
[Y] Grade C: Good		[ ] Duplicate publication	
[ ] Grade D: Fair	[ ] Grade C: A great deal of language polishing	[ ] Plagiarism	[ ] Rejection
[ ] Grade E: Poor		[Y] No	[Y] Minor revision
	[ ] Grade D: Rejected	BPG Search:	[ ] Major revision
		[ ] The same title	
		[ ] Duplicate publication	
		[ ] Plagiarism	
		[Y] No	

COMMENTS TO AUTHORS

1. It is very important in-depth pathological analysis added in this study. Are lymphatic embolization and microvascular infiltration the same meaning of lymphatic invasion and venous invasion?   According to the Japanese classification of gastric carcinoma (1), lymphatic invasion and venous invasion are examined by Hematoxylin and eosin staning or Immunohistochemical staining (D2-40/Elastica van Gieson stain). If you conduct a further study and classify lymphatic invasion and venous invasion into ly0-3 and v0-3, the association lymphatic/venous invasion and the recurrence may be clearer.
2. Are the in-depth pathological examinations needed for all patients?   In your previous report (2), you mentioned that depth of infiltration and histotype of pN0 gastric cancer were the only 2 independent predictors of 5-year recurrence-free survival at multivariate

analysis. Furthermore, in your present report, you mentioned that T4a stage (47.4%, 9/19) and diffuse histotype (14.8%, 12/81) were associated with recurrence in the group of pN0 gastric cancer. Therefore, in clinical case, these patients with T4a stage or diffuse histotype of pN0 gastric cancer (especially T4a) should undergo adjuvant therapy and tailored follow-up despite of e-e staining or immune-histochemical examinations. I agree with your idea of the in-depth pathological examination to find prognostic factor. Such extra examination may be useful to identify high risk of recurrence among patients with non-T4a and intestinal histotype. Therefore, if you add date of sub-group among non-T4a and intestinal histotype and reveal the association between recurrence and e-e staining or immune-histochemical examinations, it may be important factor as an algorithm of management of pN0 gastric cancer. Please discuss this point more in this report. (1) Japanese Gastric Cancer Association. Japanese classification of gastric carcinoma: 3rd English edition. Gastric Cancer 2011; 14:101–112 (2) Baiocchi GL, Tiberio GA, Minicozzi AM, et al. A multicentric Western analysis of prognostic factors in advanced, node-negative gastric cancer patients. Ann Surg. 2010; 252:70–73.

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Reviewer's code: 00029041
Reviewer's country: Japan
Science editor: Yuan Qi
Date sent for review: 2017-02-20
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Review time: 6 Days

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
[ ] Grade A: Excellent	[Y] Grade A: Priority publishing	Google Search:	[Y] Accept
[Y] Grade B: Very good	[ ] Grade B: Minor language polishing	[ ] The same title	[ ] High priority for publication
[ ] Grade C: Good	[ ] Grade C: A great deal of language polishing	[ ] Duplicate publication	[ ] Rejection
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		[ ] The same title	
		[ ] Duplicate publication	
		[ ] Plagiarism	
		[Y] No	

COMMENTS TO AUTHORS
This study was well conducted with novel findings.