

## PEER-REVIEW REPORT

**Name of journal:** World Journal of Clinical Cases

**Manuscript NO:** 40026

**Title:** Adjuvant Chemotherapy with S-1 plus Oxaliplatin Improves Survival of Patients with Gastric Cancer after D2 Gastrectomy: A Multicenter Propensity Score-Matched Study

**Reviewer's code:** 00182114

**Reviewer's country:** Japan

**Science editor:** Jin-Lei Wang

**Date sent for review:** 2018-06-08

**Date reviewed:** 2018-06-14

**Review time:** 6 Days

SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION	PEER-REVIEWER STATEMENTS
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	<input type="checkbox"/> Accept	Peer-Review:
<input type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language	(High priority)	<input checked="" type="checkbox"/> Anonymous
<input checked="" type="checkbox"/> Grade C: Good	polishing	<input type="checkbox"/> Accept	<input type="checkbox"/> Onymous
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of	(General priority)	Peer-reviewer's expertise on the
<input type="checkbox"/> Grade E: Do not	language polishing	<input checked="" type="checkbox"/> Minor revision	topic of the manuscript:
publish	<input type="checkbox"/> Grade D: Rejection	<input type="checkbox"/> Major revision	<input type="checkbox"/> Advanced
		<input type="checkbox"/> Rejection	<input checked="" type="checkbox"/> General
			<input type="checkbox"/> No expertise
			Conflicts-of-Interest:
			<input type="checkbox"/> Yes
			<input checked="" type="checkbox"/> No

### SPECIFIC COMMENTS TO AUTHORS

Author concluded that compared with XELOX regimen, SOX showed no significant difference in DFS and OS. The most common >3 grade adverse events of SOX regimen



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were neutropenia(22.6%), leukopenia ( 8.9% ) and thrombocytopenia ( 5.6% ).SOX significantly improves the long-term survival and have low adverse effect compared to XELOX. SOX may be a novel adjuvant chemotherapy regimen in GC patients. I ask some questions to author. 1. Please tell me the reason why SOX is much lower compared to XELOX from the point of the frequency of drug side effect. 2. S-1 plus cisplatin (SP) is one of the standard first-line chemotherapies for AGC in the East Asia. Please compared the safety and efficacy of S-1 plus oxaliplatin (SOX) with those of SP.

#### **INITIAL REVIEW OF THE MANUSCRIPT**

##### ***Google Search:***

- ☐ The same title
- ☐ Duplicate publication
- ☐ Plagiarism
- ☐ No

##### ***BPG Search:***

- ☐ The same title
- ☐ Duplicate publication
- ☐ Plagiarism
- ☐ No

## PEER-REVIEW REPORT

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**Manuscript NO:** 40026

**Title:** Adjuvant Chemotherapy with S-1 plus Oxaliplatin Improves Survival of Patients with Gastric Cancer after D2 Gastrectomy: A Multicenter Propensity Score-Matched Study

**Reviewer's code:** 02546253

**Reviewer's country:** Japan

**Science editor:** Jin-Lei Wang

**Date sent for review:** 2018-06-08

**Date reviewed:** 2018-06-20

**Review time:** 11 Days

SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION	PEER-REVIEWER STATEMENTS
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	<input type="checkbox"/> Accept	Peer-Review:
<input type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language	(High priority)	<input checked="" type="checkbox"/> Anonymous
<input type="checkbox"/> Grade C: Good	polishing	<input type="checkbox"/> Accept	<input type="checkbox"/> Onymous
<input checked="" type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of	(General priority)	Peer-reviewer's expertise on the
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publish	<input type="checkbox"/> Grade D: Rejection	<input checked="" type="checkbox"/> Major revision	<input checked="" type="checkbox"/> Advanced
		<input type="checkbox"/> Rejection	<input type="checkbox"/> General
			<input type="checkbox"/> No expertise
			Conflicts-of-Interest:
			<input type="checkbox"/> Yes
			<input checked="" type="checkbox"/> No

## SPECIFIC COMMENTS TO AUTHORS

This is a study that examined the safety and efficacy of adjuvant chemotherapy for stage IB to III gastric cancer after gastrectomy with D2 lymph node dissection (four-center

trials). In this study, it was revealed that both DFS and OS could be more improved significantly in adjuvant chemotherapy group than surgery alone group by comparing of “surgical alone group vs adjuvant SOX” and “adjuvant SOX vs XELOX” using propensity score-matching. Since the result of ACTS-GC became clear, adjuvant chemotherapy by oral S-1 was standardized for stage II and III gastric cancer. Accordingly, it became difficult to compare the survival outcome between surgery alone group and adjuvant chemotherapy group other than oral S-1. Under the circumstances, it may be worthwhile to be able to compare the surgery alone group with the adjuvant SOX group in this study at the same time as ACTS-GC. However, as described as “Limitation”, patients in surgery alone group may have not had adjuvant chemotherapy for reasons such as some kind of comorbidities, poor PS (performance status), bad economic situation and so forth. Namely, there is a possibility that the worse population was selected for surgery alone group. To make accurate comparisons regarding the treatment outcomes between the presence or absence of adjuvant chemotherapy, propensity score-matching including PS and ASA (American Society of Anesthesiologists) classification should be performed not only in the tumor factor. The treatment outcomes of the surgery alone group in this study (DFS: 44.6%、OS: 45.8%) are poor compared to ACTS-GC trial (DFS: 53.1%、OS: 61.1%) and CLASSIC trial (DFS: 53%、OS: 69%), and the reason may be also that the worse population was concentrated in surgery alone group. Although this study pointed out the low completion rate of adjuvant chemotherapy in ACTS-GC trial and CLASSIC trial, there was no mention of what number of cycles was originally set for the SOX and the XELOX, and the treatment completion rate of them was also unknown. Most of previous reports regarding adjuvant SOX were Phase II trials, and few have shown long-term results. Most recently, Guoxiu Wang et al. reported DFS (75.9%) and OS (85.2%) for 3 years by adjuvant chemotherapy, SOX. According to this study, DFS and OS for 5 years by adjuvant SOX



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were shown, there is a possibility that it will support the selection of Adjuvant SOX.

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##### *BPG Search:*

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