

PEER-REVIEW REPORT

Name of journal: World Journal of Gastrointestinal Oncology

Manuscript NO: 41442

Title: Prognostic significance of perioperative tumor marker levels in stage II/III gastric cancer

Reviewer's code: 03728442

Reviewer's country: Italy

Science editor: Fang-Fang Ji

Date sent for review: 2018-08-17

Date reviewed: 2018-08-29

Review time: 12 Days

SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION	PEER-REVIEWER STATEMENTS
<input type="checkbox"/> Grade A: Excellent	<input checked="" type="checkbox"/> Grade A: Priority publishing	<input type="checkbox"/> Accept	Peer-Review:
<input type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language	(High priority)	<input type="checkbox"/> Anonymous
<input checked="" type="checkbox"/> Grade C: Good	polishing	<input type="checkbox"/> Accept	<input checked="" 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 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 well-conducted and straightforward retrospective analysis on the prognostic value of perioperative serum CEA and CA19-9 tumour markers performed in a large cohort of Asian patients with resectable gastric cancer. I would recommend only few



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suggestions to further improve the quality of the manuscript: 1) I would add figures in the "Introduction" section to better convey the medical unmet needs of resected patients (e.g. the percentages of recurrence rates and overall survival). 2) The limitations of both CEA and CA19-9 in predicting gastric cancer patients' outcome need to be discussed, i.e. their low sensitivity and specificity. 3) Novel emerging biomarkers aiding in risk-stratification of patients after surgical resection should be mentioned as well (e.g. Cheong et al. Predictive test for chemotherapy response in resectable gastric cancer: a multi-cohort, retrospective analysis. Lancet Oncol. 2018). 4) I would be interested in knowing, if any, about ethnic differences concerning CEA and CA19-9 levels (Asian vs others). If so, please discuss this in the text.

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

Name of journal: World Journal of Gastrointestinal Oncology

Manuscript NO: 41442

Title: Prognostic significance of perioperative tumor marker levels in stage II/III gastric cancer

Reviewer's code: 03726737

Reviewer's country: South Korea

Science editor: Fang-Fang Ji

Date sent for review: 2018-08-17

Date reviewed: 2018-08-30

Review time: 12 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

Overall, this study is well-evaluated the relationship between perioperative levels of serum tumor markers including CEA and CA 19-9 and prognosis such as overall survival (OS) and disease-free survival rates in patients with stage II/III non-metastatic

gastric cancer. Serum tumor markers are easy to measure and have been reported the usefulness in terms of the diagnosis and prognosis in patients with malignancy. Authors have been trying to demonstrate the utility of tumor markers measured postoperatively as well as preoperatively. This study is valuable to evaluate patients' prognosis according to change of tumor makers after surgical resection. 1. In the previous study (Dig Surg. 2018;35(1):55-63), preoperative CEA level was an independent prognostic factor of OS, not CA 19-9 level or postoperative levels. However, current study reported that postoperative levels of CEA and CA 19-9 were independent factors of prognosis. What factor does the difference between the studies contribute? 2. Authors evaluated the prognostic impact of perioperative tumor markers according to adjuvant chemotherapy comparing hazard ratio (HR) for death of elevated markers. Could decrease of HR levels explain the association of adjuvant chemotherapy for the poor outcome? Is there any other statistical method for verifying this prognostic impact?

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