



**PEER-REVIEW REPORT**

**Name of journal:** World Journal of Gastrointestinal Oncology

**Manuscript NO:** 50599

**Title:** Interpretation of the development of neoadjuvant therapy for gastric cancer based on the vicissitudes of the NCCN guidelines

**Reviewer’s code:** 03017141

**Reviewer’s country:** Japan

**Science editor:** Le Zhang

**Reviewer accepted review:** 2019-08-03 20:54

**Reviewer performed review:** 2019-08-07 05:14

**Review time:** 3 Days and 8 Hours

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 polishing	(High priority)	<input checked="" type="checkbox"/> Anonymous
<input checked="" type="checkbox"/> Grade C: Good		<input type="checkbox"/> Accept	<input type="checkbox"/> Onymous
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of language polishing	(General priority)	Peer-reviewer’s expertise on the topic of the manuscript:
<input type="checkbox"/> Grade E: Do not publish	<input type="checkbox"/> Grade D: Rejection	<input type="checkbox"/> Minor revision	<input checked="" type="checkbox"/> Advanced
		<input checked="" type="checkbox"/> Major revision	<input type="checkbox"/> General
		<input type="checkbox"/> Rejection	<input type="checkbox"/> No expertise
			Conflicts-of-Interest:
			<input type="checkbox"/> Yes
			<input checked="" type="checkbox"/> No

**SPECIFIC COMMENTS TO AUTHORS**

Authors reviewed neoadjuvant therapy for locally advanced gastric cancer based on NCCN guidelines. Authors should review critically and interpret the guideline recommendation in Asian view. Please reconsider following points. Major



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PREOPERATIVE NEOADJUVANT CHEMORADIOTHERAPY section #1. Authors describe that 'The French FFCD 9102 study even reported that the efficacy of preoperative chemoradiotherapy could compare favorably with surgery', which sounds inappropriate. The study compared different neoadjuvant regimens and not compare neoadjuvant therapy with other strategy such as surgery alone. #2. Authors describe that 'As a result of this evidence, preoperative chemoradiotherapy surpassed perioperative chemotherapy, specifically for esophagogastric junction adenocarcinoma according to the NCCN guidelines', but NCCN guidelines only state 'preferred'. There has not been enough evidence based on randomized trials comparing chemotherapy with chemoradiotherapy. #3. As for EGJ cancer, please clarify that the recommendation preoperative neoadjuvant chemoradiotherapy (category 2B) and re/perioperative chemotherapy (category 1) are for Siewert type III EGJ adenocarcinoma. The NCCN guidelines for esophageal and EGJ cancer, which is applicable in Siewert type I or II EGJ cancer, state that preoperative chemoradiotherapy (category 1) is preferred over preoperative chemotherapy for EGJ (ESOPH-13).

PRE/PERIOPERATIVE NEOADJUVANT CHEMOTHERAPY section #1. The completion rates of postoperation therapy in MAGIC and FNCLCC/FFCD 9703 are wrong. The rate authors describe are that of commencement of postoperation therapy, not completion rate.

FLUOROURACIL AND PLATINUM-BASED REGIMENS section #1. In the description of FNCLCC&FFCD 9703 study, authors describe p value of 5-year OS was 0.02. The original report state that the p value was for log rank test not for survival rate at 5 years. #2. Authors describe 5-year PFS but the original study only report disease free survival (DFS) rate. #3. Please refer that recommendation by the latest NCCN guidelines on the fluorouracil + oxaliplatin regimen is category 1.

THE FUTURE OF NEOADJUVANT THERAPY FOR GASTRIC CANCER section #1. Authors seem to confuse ACTS-GC and SPIRITS trial. The former was the study on adjuvant S-1 therapy and the latter



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compared S-1 mono therapy with S-1 plus cisplatin therapy for metastatic disease. #2.  
Please refer to ongoing studies other than RESOLVE with their identification numbers.  
Minor Please cite relevant manuscript on the description of Gompertzian model. In the  
FLOT section, please clarify that V325 was the study for metastatic disease.

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

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

- The same title
- Duplicate publication
- Plagiarism
- No

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

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**Name of journal:** World Journal of Gastrointestinal Oncology

**Manuscript NO:** 50599

**Title:** Interpretation of the development of neoadjuvant therapy for gastric cancer based on the vicissitudes of the NCCN guidelines

**Reviewer’s code:** 00505755

**Reviewer’s country:** Japan

**Science editor:** Le Zhang

**Reviewer accepted review:** 2019-08-05 03:20

**Reviewer performed review:** 2019-08-08 06:32

**Review time:** 3 Days and 3 Hours

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 checked="" 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 checked="" 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 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**

This review article focuses on the neoadjuvant therapy for gastric cancer. The appropriate citation for the RESOLVE study in conclusion may be added. Categories based on NCCN guidelines for perioperative chemotherapy and preoperative



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chemoradiotherapy may be described more in detailed in the text and Table 2 with citations or references.

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**Name of journal:** World Journal of Gastrointestinal Oncology

**Manuscript NO:** 50599

**Title:** Interpretation of the development of neoadjuvant therapy for gastric cancer based on the vicissitudes of the NCCN guidelines

**Reviewer’s code:** 03478911

**Reviewer’s country:** South Korea

**Science editor:** Le Zhang

**Reviewer accepted review:** 2019-08-12 05:18

**Reviewer performed review:** 2019-08-16 05:52

**Review time:** 4 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:
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<input type="checkbox"/> Grade E: Do not	language polishing	<input type="checkbox"/> Minor revision	topic of the manuscript:
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**

The use and necessity of neoadjuvant chemotherapy in the treatment of locally advanced gastric cancer (LAGC) are well-reviewed. The issues raised in this mini-review are as follows: 1. Neoadjuvant therapy refers to preoperative chemotherapy. Don't have to use



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two words in the same line. 2. Before using abbreviations such as EORTC or MAGIC, it is necessary to provide official names. 3. There are many types of neoadjuvant chemotherapy and chemoradiotherapy for the treatment of LAGC, and treatment efficiencies, such as survival or recurrence rate, varies according to incidence region, TNM stage, sex, age, or etc. However, the author only provided small scale of the therapeutic option and their simple contents of the effectiveness. This reviewer considers that it has to be the most focused part of this mini-review. Therefore, a detailed chapter or table must be provided. 4. In the paragraph "THE FUTURE OF NEOADJUVANT THERAPY FOR GASTRIC CANCER", introduction is missing for newly developed anticancer drug candidates. It would be better to briefly describe the potential possibility for utilizing neoadjuvant chemotherapy targeting LAGC, from 3rd generation immunotherapy to 4th generation cancer-specific metabolism-regulating drugs.

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**Reviewer’s code:** 03806663

**Reviewer’s country:** Egypt

**Science editor:** Le Zhang

**Reviewer accepted review:** 2019-08-14 18:37

**Reviewer performed review:** 2019-08-20 11:25

**Review time:** 5 Days and 16 Hours

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:
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<input checked="" type="checkbox"/> Grade C: Good	polishing	<input type="checkbox"/> Accept	<input type="checkbox"/> Onymous
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			<input type="checkbox"/> No expertise
			Conflicts-of-Interest:
			<input type="checkbox"/> Yes
			<input checked="" type="checkbox"/> No

**SPECIFIC COMMENTS TO AUTHORS**

the authors handle ttopic of gastric cancer as a one disease issue regardless of the type of histopathology i.e is there a difference between neoadjuvant for well and undifferentiated adenocarcinoma, signet ring adenocarcinoma



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