



**PEER-REVIEW REPORT**

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

**Manuscript NO:** 52824

**Title:** Perioperative chemotherapy for advanced gastric cancer - results from a tertiary-care hospital in Germany

**Reviewer's code:** 03270441

**Position:** Editorial Board

**Academic degree:** MD, PhD

**Professional title:** Professor

**Reviewer's Country/Territory:** China

**Author's Country/Territory:** Germany

**Manuscript submission date:** 2019-11-27

**Reviewer chosen by:** Jin-Lei Wang

**Reviewer accepted review:** 2019-12-17 02:20

**Reviewer performed review:** 2019-12-19 12:44

**Review time:** 2 Days and 10 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 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 type="checkbox"/> Minor revision	topic of the manuscript:
publish	<input type="checkbox"/> Grade D: Rejection	<input checked="" 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



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## **SPECIFIC COMMENTS TO AUTHORS**

This is an innovative article. Based on a retrospective analysis, the authors questioned the application of neoadjuvant / perioperative chemotherapy recommended by the guidelines in gastric cancer. A large number of data analyses have been done and it is concluded that neoadjuvant / perioperative chemotherapy does not benefit the overall survival of patients with locally advanced stage gastric cancer, despite the recommendations of the guidelines. However, the article has major defects: First, the sample size of this retrospective analysis is very small. The OS curves of the combined chemotherapy group and the pure operation group is obviously separated, and there is no overlap between the two curves. The lack of statistical significance of p value may be caused by the insufficient statistical power. Second, the sample size is too small for subgroup analysis, which may directly affect the results. Thirdly, although the authors have carried out a lot of subgroup analysis in subgroups, the focus is not prominent enough. Finally, the influence of each factor on OS may interact to each other, for example: age, location of tumors, and implementation of chemotherapy et al. Multivariate analysis methods may be needed, such as Cox proportional hazards model (this is needed to be confirmed by statisticians) to further determine or exclude the role of neoadjuvant / perioperative chemotherapy in local advanced gastric cancer. In summarize, I personally think that the data provided by the authors is not enough to draw the conclusions proposed by the authors.

## **INITIAL REVIEW OF THE MANUSCRIPT**

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

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Plagiarism

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No



**PEER-REVIEW REPORT**

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

**Manuscript NO:** 52824

**Title:** Perioperative chemotherapy for advanced gastric cancer - results from a tertiary-care hospital in Germany

**Reviewer's code:** 00058340

**Position:** Editor-in-Chief

**Academic degree:** DSc, MD, PhD

**Professional title:** Professor

**Reviewer's Country/Territory:** United States

**Author's Country/Territory:** Germany

**Manuscript submission date:** 2019-11-27

**Reviewer chosen by:** Jin-Lei Wang

**Reviewer accepted review:** 2019-12-17 20:07

**Reviewer performed review:** 2019-12-21 05:02

**Review time:** 3 Days and 8 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 polishing	(High priority)	<input checked="" type="checkbox"/> Anonymous
<input 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 checked="" type="checkbox"/> Minor revision	<input type="checkbox"/> Advanced
		<input type="checkbox"/> Major revision	<input checked="" 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

In many European guidelines neoadjuvant/perioperative chemotherapy is recommended for the treatment of advanced gastric cancer before tumor resection. However, it is not certain whether perioperative chemotherapy is as effective in distal as in proximal tumors, and in elderly patients. The authors explored these questions in a retrospective study of their patient population – 158 patients in a tertiary-care hospital in the clinic of Kempten certified by the German Cancer Society for the treatment of gastric cancers. They concluded that administration of perioperative chemotherapy for advanced gastric cancer did not lead to a significant 5-year survival advantage and that their data are not sufficient to justify perioperative chemotherapy in patients with advanced gastric cancer independent of tumor localization, or patient age. Comments:

1. The topic is important for a proper management of patients with advanced gastric cancer.
2. While the study is well conceived, designed and executed the conclusions are weakened by relatively small number of patients with a possibility of type 2 error “ $\beta$ ”. Beta depends on the power of the test (i.e. the probability of not committing a type 2 error, which is equal to  $1-\beta$ ). The authors should clearly spell out and discussed this.
3. How many patients were H. pylori positive? If possible, please provide this information.
4. The authors may wish to add 2 references listed below.
5. Some minor typos e.g. “similar, lightly better five-year survival time”. Should be “slightly” Bang Wool Eom et al. Survival Benefit of Perioperative Chemotherapy in Patients with Locally Advanced Gastric Cancer: A Propensity Score Matched Analysis. *J Gastric Cancer*. 2018 Mar; 18(1): 69–81; doi: 10.5230/jgc.2018.18. e9; PMID: 29629222 Shingo Kanaji et al. Recent updates in perioperative chemotherapy and recurrence pattern of gastric cancer *Ann Gastroenterol Surg*. 2018 Nov; 2(6): 400–405; doi: 10.1002/ags3.12199; PMID: 30460342



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#### INITIAL REVIEW OF THE MANUSCRIPT

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##### *BPG Search:*

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- Plagiarism
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**PEER-REVIEW REPORT**

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

**Manuscript NO:** 52824

**Title:** Perioperative chemotherapy for advanced gastric cancer - results from a tertiary-care hospital in Germany

**Reviewer's code:** 00001114

**Position:** Editor-in-Chief

**Academic degree:** MD, PhD

**Professional title:** Chief Doctor

**Reviewer's Country/Territory:** Japan

**Author's Country/Territory:** Germany

**Manuscript submission date:** 2019-11-27

**Reviewer chosen by:** Jin-Lei Wang

**Reviewer accepted review:** 2019-12-15 09:07

**Reviewer performed review:** 2019-12-23 11:14

**Review time:** 8 Days and 2 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 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 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:
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## **SPECIFIC COMMENTS TO AUTHORS**

Thank you for allowing me to review the manuscript: "Perioperative Chemotherapy for Advanced Gastric Cancer Results from a Tertiary-care Hospital in Germany " by Katrin Bauer et al. I have the following comments. 1. Perioperative chemotherapy includes neoadjuvant and adjuvant chemotherapy. The authors had better use the terminology of neoadjuvant chemotherapy instead of perioperative chemotherapy. 2. The authors concluded that there was no significant advantage of perioperative chemotherapy for advanced gastric cancer in the German population from a tertiary-care hospital. 5- year survival rate was 40% in the perioperative chemotherapy and 29% in the upfront surgery group (difference 11%), respectively. However, as the authors mentioned in the Discussion, they are similar to the following RCT data, that Ychou et al. published in the JCO (38% vs. 24%, difference 14%) and Cunningham et al. published in the NEJM (36% vs. 23%, difference 14%). This study simply seemed the lack of patients' number. This study is a retrospective study with a small patient number. Therefore, I would feel the authors' discussion was too subjective. 3. There was no specific data in the Abstract, such as patient number, survival time in this study, and so on. Most of the readers need those data to evaluate this study. The authors should revise the abstract, including the results with data. 4. There were no specific criteria to select upfront surgery or neoadjuvant chemotherapy in the methods regarding treatment strategy. I think this caused a selection bias although it was described that the interdisciplinary tumor board determined it. Conversely, I think this selection bias can lead this result showed there was no advantage of perioperative chemotherapy. The authors had better add a more concrete explanation, for example, upfront surgery was preferred in case of patients with poor PS or comorbidity. 5. I feel this study needs to obtain a decision by the Ethics Commission for this study, but informed consent can be waived via the opt-out method.



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- Duplicate publication
- Plagiarism
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## PEER-REVIEW REPORT

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

**Manuscript NO:** 52824

**Title:** Perioperative chemotherapy for advanced gastric cancer - results from a tertiary-care hospital in Germany

**Reviewer's code:** 03478911

**Position:** Editorial Board

**Academic degree:** PhD

**Professional title:** Chief Technician, Executive Vice President, Research Assistant Professor

**Reviewer's Country/Territory:** South Korea

**Author's Country/Territory:** Germany

**Manuscript submission date:** 2019-11-27

**Reviewer chosen by:** Jin-Lei Wang

**Reviewer accepted review:** 2019-12-15 05:24

**Reviewer performed review:** 2019-12-24 03:22

**Review time:** 8 Days and 21 Hours

SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION	PEER-REVIEWER STATEMENTS
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<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 type="checkbox"/> Grade B: Minor language polishing	(High priority)	<input 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 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

The authors raised doubts about the suitability to older patients in the use of neoadjuvant/perioperative chemotherapy, which is recommended for the treatment of advanced gastric cancer (>T2, N +) before tumor resection according to the European guidelines. Indeed, refusing the need for chemotherapy after surgery is expected to receive clinically negative feedback even when treating elderly patients. Therefore, it would be much better to support the author's claim by making comparisons, including aspects of quality of life. In addition to that, there are also issues that are important for analysis. The sample size (the number of patients) of this retrospective analysis is very small. Therefore, there is a lack of statistical significance for p values can be caused by insufficient statistical meaning. If the authors can give a clear confidence in the analysis, this reviewer ready to strongly agree with the author's argue.

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**RE-REVIEW REPORT OF REVISED MANUSCRIPT**

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

**Manuscript NO:** 52824

**Title:** Perioperative chemotherapy for advanced gastric cancer - results from a tertiary-care hospital in Germany

**Reviewer's code:** 03270441

**Position:** Editorial Board

**Academic degree:** MD, PhD

**Professional title:** Professor

**Reviewer's Country/Territory:** China

**Author's Country/Territory:** Germany

**Manuscript submission date:** 2019-11-27

**Reviewer chosen by:** Ying Dou

**Reviewer accepted review:** 2020-03-08 08:31

**Reviewer performed review:** 2020-03-08 11:15

**Review time:** 2 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 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 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 checked="" 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



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#### **SPECIFIC COMMENTS TO AUTHORS**

The authors did not complete the revision required by the reviewers. The data provided by the authors was not enough to draw the conclusions proposed by the authors.

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

##### *Google Search:*

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##### *BPG Search:*

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- Duplicate publication
- Plagiarism
- No



**RE-REVIEW REPORT OF REVISED MANUSCRIPT**

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

**Manuscript NO:** 52824

**Title:** Perioperative chemotherapy for advanced gastric cancer - results from a tertiary-care hospital in Germany

**Reviewer's code:** 00058340

**Position:** Editor-in-Chief

**Academic degree:** DSc, MD, PhD

**Professional title:** Professor

**Reviewer's Country/Territory:** United States

**Author's Country/Territory:** Germany

**Manuscript submission date:** 2019-11-27

**Reviewer chosen by:** Ying Dou

**Reviewer accepted review:** 2020-03-09 15:36

**Reviewer performed review:** 2020-03-10 20:52

**Review time:** 1 Day and 5 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:
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#### **SPECIFIC COMMENTS TO AUTHORS**

The authors satisfactorily addressed all my comments and suggestions. Suggestion for the corresponding author: in general, the authors do not comment on reviewers' suggestions, but respond to the comments

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

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- No

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

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