



PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

Manuscript NO: 55122

Title: The optimal proximal resection margin distance for gastrectomy in advanced gastric cancer

Reviewer's code: 02842351

Position: Editorial Board

Academic degree: MD, PhD

Professional title: Professor

Reviewer's Country/Territory: China

Author's Country/Territory: South Korea

Manuscript submission date: 2020-03-08

Reviewer chosen by: AI Technique

Reviewer accepted review: 2020-03-09 02:03

Reviewer performed review: 2020-03-09 06:35

Review time: 4 Hours

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 Grade E: Do not publish	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



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Yes

No

SPECIFIC COMMENTS TO AUTHORS

1.What is the basis of the group dividing?why is <1cm, 1-3cm,3-5cm and >5cm? 2.The authors did not conduct a univariate or multivariate analysis of 5-year survival. 3.The researchers did not record the length of the PRM in living condition,PRM could be longer than measured. 4.why the authors excluded the siewert II type AEG tumor?

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 Gastroenterology

Manuscript NO: 55122

Title: The optimal proximal resection margin distance for gastrectomy in advanced gastric cancer

Reviewer's code: 03268270

Position: Peer Reviewer

Academic degree: MD, PhD

Professional title: Doctor, Postdoc, Professor, Surgeon, Teacher

Reviewer's Country/Territory: China

Author's Country/Territory: South Korea

Manuscript submission date: 2020-03-08

Reviewer chosen by: AI Technique

Reviewer accepted review: 2020-03-12 03:10

Reviewer performed review: 2020-03-12 09:54

Review time: 6 Hours

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



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No

SPECIFIC COMMENTS TO AUTHORS

1.The safe length of PRM is a very meaningful topic. There is still some controversy about the optimal standard of PRM. There were only 20 cases with the length of PRM \leq 1.0 cm. In these cases, partly because the tumor was too large, the length of PRM was forced to be controlled within 1 cm, so the conclusion was prone to statistical bias.

2.Older age ($p=0.028$), linitis plastica ($p<0.001$) and the presence of lymphovascular invasion ($p=0.013$) were also associated with worse RFS (Table 5). linitis plastica is a special diffuse infiltrating tumor, how to evaluate the length of PRM at this time?

3.Billroth II ($p=0.004$) and RYGJ ($p=0.004$) reconstructions resulted in worse RFS than Billroth I reconstruction (Table 4). This conclusion seems to be different from that reported in most of the literature. Could you analyze the specific reasons?

INITIAL REVIEW OF THE MANUSCRIPT

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PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

Manuscript NO: 55122

Title: The optimal proximal resection margin distance for gastrectomy in advanced gastric cancer

Reviewer's code: 03017752

Position: Peer Reviewer

Academic degree: MD

Professional title: Professor

Reviewer's Country/Territory: Turkey

Author's Country/Territory: South Korea

Manuscript submission date: 2020-03-08

Reviewer chosen by: AI Technique

Reviewer accepted review: 2020-03-11 10:16

Reviewer performed review: 2020-03-16 13:13

Review time: 5 Days and 2 Hours

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



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Yes

No

SPECIFIC COMMENTS TO AUTHORS

In this study, the authors aimed to investigate the effects of the proximal resection margin distance on the prognosis of patients having undergone gastrectomy for advanced gastric cancer. They concluded that the proximal resection margin distance was not a prognostic factor, where they pointed out that if a negative margin was confirmed from the intraoperative frozen section biopsy, wider excision was not required. The study is well-designed, the results are adequately interpreted in the discussion and the manuscript is suitably written. I congratulate the authors for their successful work.

INITIAL REVIEW OF THE MANUSCRIPT

Google Search:

The same title

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No

BPG Search:

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Duplicate publication

Plagiarism

No



PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

Manuscript NO: 55122

Title: The optimal proximal resection margin distance for gastrectomy in advanced gastric cancer

Reviewer's code: 03018877

Position: Peer Reviewer

Academic degree: MD

Professional title: Doctor

Reviewer's Country/Territory: Turkey

Author's Country/Territory: South Korea

Manuscript submission date: 2020-03-08

Reviewer chosen by: AI Technique

Reviewer accepted review: 2020-03-08 08:39

Reviewer performed review: 2020-03-17 20:18

Review time: 9 Days and 11 Hours

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



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Yes

No

SPECIFIC COMMENTS TO AUTHORS

1- Surgical treatment is the cornerstone of gastric cancer. Surgical treatment includes D2 lymphadenectomy with total or subtotal gastrectomy for potentially curable T2-T4 tumors and lymph node positive patients. Other resection and lymphadenectomy options should be for only palliative interventions for tumors in these stages. Chemotherapy and targeted therapies are only adjunctive therapies. Adequate resection margin (RM) must be provided for curative surgery in gastric cancers. For T1tumors 2 cm gross PRM should be provided. At least 3 cm proximal margin (PRM) for T2-T4tumors with expansive growth pattern (Type 1-2), and at least 5 cm PM for tumors with infiltrative growth pattern (Type 3-4) is recommended. Frozen section examination of the proximal margin is recommended when safe surgical margin cannot be obtained. For tumors infiltrating the esophagus, a 5 cm margin is not required, but frozen section examination of the PRM is recommended(Japanese Gastric Cancer Association. Japanese gastric cancer treatment guidelines 2014 (ver. 4).Gastric Cancer 2017;20:1-19). RM plays an important role in prognosis. -Type of lymphadenectomy should be noted and analyzed (as D0,D1, D1+, D2, ...) in this study: 2-Although it is not clear that either the resection margin determined during the surgery or by the histopathological examination will be taken into consideration, it is a fact that the final microscopic surgical margin is generally accepted. This leads to some disagreements between surgeons and



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pathologists. Immediately after resection and after formalin fixation, contractility and shrinkage in tissues are well known. May be an important difference in the proximal RMs of patients with gastric cancer between measurements before resection and after resection. -In this study; The authors used only the final pathologic report after formalin fixation. Whereas, use of correction factors to predict the shrinkage of surgical margins in curative surgeries will be effective in providing adequate resection margin. 3-An important criticism for conclusion section: "Once a negative margin is acquired from the intraoperative frozen section biopsy, it is no longer necessary for surgeons to strive to achieve 'sufficient' proximal margins as recommended by conventional guidelines" is an insubstantial sentence for a retrospective study. Should be reevaluated 4-In Tables: -TNM stages should be noted and analyzed in tables 1-5.

INITIAL REVIEW OF THE MANUSCRIPT

Google Search:

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BPG Search:

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- Plagiarism
- No



RE-REVIEW REPORT OF REVISED MANUSCRIPT

Name of journal: World Journal of Gastroenterology

Manuscript NO: 55122

Title: The optimal proximal resection margin distance for gastrectomy in advanced gastric cancer

Reviewer’s code: 03017752

Position: Peer Reviewer

Academic degree: MD

Professional title: Professor

Reviewer’s Country/Territory: Turkey

Author’s Country/Territory: South Korea

Manuscript submission date: 2020-03-08

Reviewer chosen by: Ze-Mao Gong

Reviewer accepted review: 2020-04-19 10:39

Reviewer performed review: 2020-04-19 10:59

Review time: 1 Hour

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 checked="" 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 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



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SPECIFIC COMMENTS TO AUTHORS

In this study, the authors aimed to investigate the effects of the proximal resection margin distance on the prognosis of patients having undergone gastrectomy for advanced gastric cancer. They concluded that the distance of proximal resection margin was not a prognostic factor. The study is well-designed and the manuscript is adequately written. I congratulate the authors for their successful work.

INITIAL REVIEW OF THE MANUSCRIPT

Google Search:

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- No

BPG Search:

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- Plagiarism
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RE-REVIEW REPORT OF REVISED MANUSCRIPT

Name of journal: World Journal of Gastroenterology

Manuscript NO: 55122

Title: The optimal proximal resection margin distance for gastrectomy in advanced gastric cancer

Reviewer’s code: 03018877

Position: Peer Reviewer

Academic degree: MD

Professional title: Doctor

Reviewer’s Country/Territory: Turkey

Author’s Country/Territory: South Korea

Manuscript submission date: 2020-03-08

Reviewer chosen by: Ze-Mao Gong

Reviewer accepted review: 2020-04-19 20:25

Reviewer performed review: 2020-04-20 19:08

Review time: 22 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 polishing	(High priority)	<input checked="" type="checkbox"/> Anonymous
<input checked="" type="checkbox"/> Grade C: Good		<input checked="" 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 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



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SPECIFIC COMMENTS TO AUTHORS

Revisions are sufficient

INITIAL REVIEW OF THE MANUSCRIPT

Google Search:

- The same title
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- No

BPG Search:

- The same title
- Duplicate publication
- Plagiarism
- No