

## PEER-REVIEW REPORT

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

**Manuscript NO:** 67657

**Title:** Long-term survival of patients with stage II and III gastric cancer who underwent gastrectomy with inadequate nodal assessment

**Reviewer's code:** 02929305

**Position:** Peer Reviewer

**Academic degree:** MD

**Professional title:** Doctor

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

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

**Manuscript submission date:** 2021-04-28

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2021-04-29 00:46

**Reviewer performed review:** 2021-04-29 01:36

**Review time:** 1 Hour

<b>Scientific quality</b>	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
<b>Language quality</b>	<input checked="" type="checkbox"/> Grade A: Priority publishing <input type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
<b>Conclusion</b>	<input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input checked="" type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
<b>Re-review</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Peer-reviewer statements</b>	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

## **SPECIFIC COMMENTS TO AUTHORS**

This paper investigated long-term survival in patients with inadequate lymph node assessment in patients with advanced gastric cancer disease and compared that with patients receiving adequate and optimal nodal evaluation as defined in the last AJCC staging manual. This paper is studied in detail using a big data (n = 11607). I agree with the results of this paper. In clinical practice, many surgeons may agree. There are some comments. Comments 1. There is no explanation for lymph node dissection in this article. D2 lymph node dissection is the standard treatment for advanced gastric cancer in Asia. What is the therapeutic effect of lymph node dissection? Please divide into D1 group, D1+ group and D2 group. 2. Standard D2 lymph node dissection may not have been performed in the elderly or high-risk patients with advanced gastric cancer. As a result, it is presumed that the prognosis (OS, DSS) was poor. Please discuss. 3.

Surgeons believe that proper lymph node dissection, rather than a detailed examination of the number of lymph node dissections, will prolong the prognosis. Please discuss. 4. If there are few lymph nodes that have been pathologically examined, the stage migrates to the initial stage. Please state your considerations regarding stage migration. 5. Please provide details including regimen in neoadjuvant chemotherapy and adjuvant chemotherapy.

## PEER-REVIEW REPORT

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

**Manuscript NO:** 67657

**Title:** Long-term survival of patients with stage II and III gastric cancer who underwent gastrectomy with inadequate nodal assessment

**Reviewer's code:** 05465713

**Position:** Peer Reviewer

**Academic degree:** MD, PhD

**Professional title:** Attending Doctor, Doctor, Surgeon, Surgical Oncologist

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

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

**Manuscript submission date:** 2021-04-28

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2021-04-29 14:44

**Reviewer performed review:** 2021-04-30 04:36

**Review time:** 13 Hours

<b>Scientific quality</b>	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
<b>Language quality</b>	<input checked="" type="checkbox"/> Grade A: Priority publishing <input type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
<b>Conclusion</b>	<input checked="" type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
<b>Re-review</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Peer-reviewer statements</b>	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No



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

This large-scale study provides a profound insight into the impacts of retrieved lymph nodes on survival of gastric cancer patients and reveals that 30 lymph nodes should be harvested to make a proper stage. I recommend publication of this study in World Journal of Gastroenterology.

## PEER-REVIEW REPORT

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

**Manuscript NO:** 67657

**Title:** Long-term survival of patients with stage II and III gastric cancer who underwent gastrectomy with inadequate nodal assessment

**Reviewer's code:** 02997214

**Position:** Editorial Board

**Academic degree:** PhD

**Professional title:** Full Professor, Professor

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

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

**Manuscript submission date:** 2021-04-28

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2021-04-29 14:30

**Reviewer performed review:** 2021-05-08 15:44

**Review time:** 9 Days and 1 Hour

<b>Scientific quality</b>	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input checked="" type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
<b>Language quality</b>	<input type="checkbox"/> Grade A: Priority publishing <input type="checkbox"/> Grade B: Minor language polishing <input checked="" type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
<b>Conclusion</b>	<input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input checked="" type="checkbox"/> Major revision <input type="checkbox"/> Rejection
<b>Re-review</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Peer-reviewer statements</b>	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No



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

1- The references should be updated(the date of the references are not new) 2- It is a very comprehensive study including a high number of cases but the discussion is too short, it should be added more detail and comments about the searched literature as the new parts of the discussion. 3-Abstract is too short and should be more informative, the journal lets 350 words but this abstract has 151 vwords, Please add at least 100 new word to make abstract to make more more informative.