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Flat C, 23/F., Lucky Plaza,
315-321 Lockhart Road,
Wan Chai, Hong Kong, China

ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

Ms: 2004

Title: Impact of Postoperative Morbidity on Long-Term Survival after Radical Resection for Gastric Cancer

Reviewer code: 00041286

Science editor: l.l.wen@wjgnet.com

Date sent for review: 2013-01-21 15:31

Date reviewed: 2013-01-23 16:21

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A (Excellent)	<input type="checkbox"/> Grade A: Priority Publishing	Google Search:	<input type="checkbox"/> [Y] Accept
<input type="checkbox"/> [Y] Grade B (Very good)	<input type="checkbox"/> [Y] Grade B: minor language polishing	<input type="checkbox"/> [] Existed	<input type="checkbox"/> [] High priority for publication
<input type="checkbox"/> [] Grade C (Good)	<input type="checkbox"/> [] Grade C: a great deal of language polishing	<input type="checkbox"/> [] No records	<input type="checkbox"/> [] Rejection
<input type="checkbox"/> [] Grade D (Fair)	<input type="checkbox"/> [] Grade D: rejected	BPG Search:	<input type="checkbox"/> [] Minor revision
<input type="checkbox"/> [] Grade E (Poor)		<input type="checkbox"/> [] Existed	<input type="checkbox"/> [] Major revision
		<input type="checkbox"/> [] No records	

COMMENTS

COMMENTS TO AUTHORS:

This is a simple and an interesting study on perioperative morbidity as a risk factor for survival in gastric cancer. The authors performed on an adequate series an analysis of possible associations between clinicopathologic factors and survival with multivariate models and they concluded that the occurrence of in-hospital postoperative complications was an independent predictor of worse 5-year overall survival rate after radical resection of gastric cancer. The introduction, patients and methods, results and discussion are well written straight to the problem and sound.



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ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

Ms: 2004

Title: Impact of Postoperative Morbidity on Long-Term Survival after Radical Resection for Gastric Cancer

Reviewer code: 00052339

Science editor: l.l.wen@wjgnet.com

Date sent for review: 2013-01-21 15:31

Date reviewed: 2013-01-31 12:13

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A (Excellent)	<input type="checkbox"/> Grade A: Priority Publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B (Very good)	<input type="checkbox"/> Grade B: minor language polishing	<input type="checkbox"/> Existed	<input type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C (Good)	<input type="checkbox"/> Grade C: a great deal of language polishing	<input type="checkbox"/> No records	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D (Fair)	<input type="checkbox"/> Grade D: rejected	<input type="checkbox"/> Existed	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)		<input type="checkbox"/> No records	<input type="checkbox"/> Major revision

COMMENTS

COMMENTS TO AUTHORS:

Impact of Postoperative Morbidity on Long-Term Survival after Radical Resection for Gastric Cancer Ping Li et al Reviewer' s comments: This paper analyzed the impact of perioperative complications on long term survival and identified the complication an independent factor for long term survival by multivariate analysis. The results presented in this paper is acceptable and give good suggestion on patients management post operative stage.



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ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

Ms: 2004

Title: Impact of Postoperative Morbidity on Long-Term Survival after Radical Resection for Gastric Cancer

Reviewer code: 00503601

Science editor: l.l.wen@wjgnet.com

Date sent for review: 2013-01-21 15:31

Date reviewed: 2013-02-01 20:31

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A (Excellent)	<input type="checkbox"/> Grade A: Priority Publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B (Very good)	<input type="checkbox"/> Grade B: minor language polishing	<input type="checkbox"/> Existed	<input type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C (Good)	<input type="checkbox"/> Grade C: a great deal of language polishing	<input type="checkbox"/> No records	<input type="checkbox"/> Rejection
<input checked="" type="checkbox"/> Grade D (Fair)		BPG Search:	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)	<input type="checkbox"/> Grade D: rejected	<input type="checkbox"/> Existed	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

COMMENTS

COMMENTS TO AUTHORS:

The study on post-op morbidity affecting outcome is not new but this paper shows an independent association. There needs to be significant revision of grammar and spelling to make the manuscript understandable. The morbidity scoring system could be displayed as a table to better explain the categories and to combine this with the results.

ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

Ms: 2004

Title: Impact of Postoperative Morbidity on Long-Term Survival after Radical Resection for Gastric Cancer

Reviewer code: 00058348

Science editor: l.l.wen@wjgnet.com

Date sent for review: 2013-01-21 15:31

Date reviewed: 2013-02-12 13:44

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
[] Grade A (Excellent)	[] Grade A: Priority Publishing	Google Search:	[] Accept
[Y] Grade B (Very good)	[] Grade B: minor language polishing	[] Existed	[] High priority for publication
[] Grade C (Good)	[Y] Grade C: a great deal of language polishing	[] No records	[] Rejection
[] Grade D (Fair)	[] Grade D: rejected	BPG Search:	[] Minor revision
[] Grade E (Poor)		[] Existed	[Y] Major revision
		[] No records	

COMMENTS

COMMENTS TO AUTHORS:

This retrospective study is of some clinical significance. However, the methods need to be clearly and intensively described. Specific comments: 1. Abstract: The aim needs to be described. Methods needs to be described in little bit more detail. Abbreviations, ASA and BMI, are not needed. 2. Introduction: Use the term “complication” consistently. Thus, avoid the term “morbidity” when you mean the same as complication. The statement that “no studies have determined the potential impact that……” may not be true; you may refer to " Tokunaga M, et al. Poor Survival Rate in Patients with Postoperative Intra-Abdominal Infectious Complications Following Curative Gastrectomy for Gastric Cancer. Ann Surg Oncol. 2012 Oct 18." 3. Methods: You must add two major content, inclusion/exclusion criteria and follow-up of patients after surgery. The three patients died within the 30 days after surgery should be excluded from the study. You need to describe when was the end of the follow-up or last date for the calculation of the survival. 4. Results: I am not sure how you graded the complications into seven categories according to their severity. You don't need to repeat the data presented in the Tables. You may only outline or summarize the major findings. How many patients were followed up for 1, 3 and 5 years and how many survived at the time points? You need to use Kaplan-Meier survival curves to compare the survival in the two groups. 5. Although the manuscript is fairly written, it can be improved significantly by a native speaker or a professional service. For example: a. Former investigations; b. at the department of the Department of Gastrointestinal Surgery; c. YangZhou university, YangZhou; d. consist of 82;