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## ESPS PEER-REVIEW REPORT

**Name of journal:** World Journal of Gastroenterology

**ESPS manuscript NO:** 31046

**Title:** Upper gastrointestinal cancer burden in Hebei Province, China: a population-based study

**Reviewer's code:** 02440467

**Reviewer's country:** Italy

**Science editor:** Jing Yu

**Date sent for review:** 2016-11-02 17:43

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CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input checked="" type="checkbox"/> Grade A: Priority publishing	Google Search:	<input checked="" type="checkbox"/> Accept
<input checked="" type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<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"/> Duplicate publication	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		BPG Search:	<input type="checkbox"/> Major revision
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

### COMMENTS TO AUTHORS

The aim of this study was to provide epidemiological evidence for strategies to control upper gastrointestinal cancer (UGIC) which is defined as the principle cause of death in a large area of China, Hebei Province with a risk of 5.08 times higher than that estimated in the world. In this study data were collected from 21 population-based cancer registries, which represent the 15.25% of population in Hebei Province. The data have been stratified by 5-year age group for gender and area (high-risk/non-high-risk areas) and then analysed for crude incidence, trend of incidence during different periods, risk of death among different regions and age groups. The results are that the crude incidence of UGIC is 55.47 per 100,000 people and the age group for maximum risk which is assessed in people aged 65-69 years old. In the study the preview of the incidence of UGIC in 2018 has been also predicted and represents the first report of a trend of incidence for the most important cause of death in high risk province Hebei for China, where Cixian and Shexian seems to have the highest risk with the possibility to provide some extra-efforts for cancer prevention. After age-standardization, the study was also able to indicate retrospectively a decreasing incidence and decrease in mortality



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rate in 2013 of UGIC in the same area. All these epidemiological data are of enormous importance since they represent the basis for a smart health policy that should be oriented and balanced on actual risk data for different regions and populations. The paper is well written and organized. I have no major criticism for the methodology and I recognize the effort by the Authors to collect as many records in different oncological registries in different regions for 47.000 million of inhabitants. We hope that further studies will be done by the Authors on the subject to provide some information about the percentage of people who might have benefited for a surgical treatment with survival data on this cohort of patients.