

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastrointestinal Surgery

ESPS manuscript NO: 27239

Title: Phase II study of docetaxel, cisplatin and capecitabine as preoperative chemotherapy in resectable gastric cancer

Reviewer's code: 02522148

Reviewer's country: South Korea

Science editor: Xue-Mei Gong

Date sent for review: 2016-05-19 14:00

Date reviewed: 2016-05-24 20:35

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input checked="" 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"/> The same title	<input type="checkbox"/> High priority for publication
<input checked="" 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 checked="" 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

This is the study of preoperative chemotherapy with 53 resectable gastric cancer patients. I think it may be some helpful to other's further studies. But sample size is small and just single arm study. The feasibility of preoperative DCC regimen is questionable because of high toxicity with low pCR rate.. There were some minor points of revision.

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastrointestinal Surgery

ESPS manuscript NO: 27239

Title: Phase II study of docetaxel, cisplatin and capecitabine as preoperative chemotherapy in resectable gastric cancer

Reviewer's code: 03478686

Reviewer's country: Croatia

Science editor: Xue-Mei Gong

Date sent for review: 2016-05-19 14:00

Date reviewed: 2016-05-29 18:29

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

Minor objections: 1. The study patients including wide range of disease stage (stage Ia-IVb) which may affect the results of resectability. 2. In study was included one patient with a performance status 2, which was initially exclusion criterion 3. References are not the most recent and do not completely reflect the current views on this topic.

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastrointestinal Surgery

ESPS manuscript NO: 27239

Title: Phase II study of docetaxel, cisplatin and capecitabine as preoperative chemotherapy in resectable gastric cancer

Reviewer's code: 03016968

Reviewer's country: Brazil

Science editor: Xue-Mei Gong

Date sent for review: 2016-05-19 14:00

Date reviewed: 2016-05-30 03:44

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	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 checked="" type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input type="checkbox"/> High priority for publication
<input checked="" 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 type="checkbox"/> Plagiarism	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input checked="" type="checkbox"/> No	<input type="checkbox"/> Major revision
		BPG Search:	
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

COMMENTS TO AUTHORS

I would like to congratulate the authors for the well-conducted study and for contributing to the treatment of gastric cancer. The present study is a phase II clinical trial which had the aim to evaluate the feasibility of three-drug regimen of preoperative chemotherapy of gastric cancer, composed by cisplatin, capecitabine and docetaxel. The following questions deserve discussion: 1) The authors did not present the statistical methods. It is impossible to analyse the results without informations related to patients sample size calculation. 2) The authors should discuss the disadvantages to not use HER2 status and anti-HER2 therapy in preoperative chemotherapy, based on trials already available evaluating trastuzumab, T-DM1 and lapatinib in gastric cancer. 3) Why did the authors perform D1-extra lymphadenectomy instead of D2 lymphadenectomy? D2 procedure is the most adopted modality worldwide. 4) The paper has a well-written discussion. The reasons for the choice of a three-drug regimen were well explained. Treatment-related mortality of 5.9% is prohibitive. Almost 6% of treatment-mortality deaths is unacceptable in a potential curable resectable disease. There is no agreement that three-drug regimens are superior than two-drug regimens in gastric cancer. The



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authors should explore this point. ECF and ECF-like regimens were not compared to two-drug regimens in preoperative setting. Superiority of DCF over CF in V325 trial was too small. After comparison between FOLFIRI vs ECX by Guimbaud et al (J Clin Oncol 2014), in which FOLFIRI had better TTF, the potential superiority of three-drug regimens is more debatable than before. I believe that DCC should be recommended against its use in preoperative gastric cancer after a 5.9% treatment-related mortality and a high rate of febrile neutropenia. 5) The correct number of febrile neutropenia is 31%, and not 10%. Thirty one percent of patients presented febrile neutropenia in this study, and the authors should discuss and compare with correlate studies based on this number.