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PEER-REVIEW REPORT

Name of journal: *World Journal of Gastrointestinal Surgery*

Manuscript NO: 80137

Title: Prognostic effect of excessive chemotherapy cycles for stage II and III gastric cancer patients after D2 + gastrectomy

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 03270609
Position: Editorial Board
Academic degree: MD, PhD
Professional title: Professor
Reviewer's Country/Territory: Russia
Author's Country/Territory: China

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Reviewer accepted review: 2022-09-18 13:18

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Review time: 6 Days and 21 Hours

Scientific quality	[ ] Grade A: Excellent [ ] Grade B: Very good [Y] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish
Language quality	[ ] Grade A: Priority publishing [ ] Grade B: Minor language polishing [Y] Grade C: A great deal of language polishing [ ] Grade D: Rejection
Conclusion	[ ] Accept (High priority) [ ] Accept (General priority) [ ] Minor revision [Y] Major revision [ ] Rejection
Re-review	[ ] Yes [Y] No

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Peer-reviewer statements	Peer-Review: [Y] Anonymous [ ] Onymous Conflicts-of-Interest: [ ] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

Long-term results of gastric cancer treatment remain disappointing. This is primarily due to the late diagnosis of gastric cancer. For improving the survival of patients with advanced gastric cancer, adjuvant and neoadjuvant chemotherapy is widely used, but the effect of the chemotherapy courses number on long-term results of treatment has not been studied enough. Despite the urgency of the problem, there are a number of significant remarks concerning the submitted manuscript. Comments Title. The title seems to be long, with unnecessary details. Abstract. The results obtained should be presented more clearly and comprehensibly. Background. Information regarding the number of chemotherapy courses and the results obtained should be transferred to the appropriate sections (Methods and Results). It is necessary to explain why the authors believe that 9 or more courses are excessive chemotherapy cycles, and not, for example, 6 and 8 courses. There are inaccuracies in the text: "...the ratio of adjuvant chemotherapy and adjuvant chemotherapy were 97.78% (882/902), 13.41% (121/902)" Methods. The recitation of the clinical and pathological characteristics of gastric cancer is desirable to streamline: clinical data, pathological data, features of treatment, results. Information about the chemotherapy courses should include not only the average number of courses, but also information on how many patients (and their percentage of the total number of patients) received a certain number of courses of neoadjuvant chemotherapy only (if any), how many - only adjuvant chemotherapy and the number patients who received both courses. It is also necessary to provide information on chemotherapy regimens (given that the study included patients since 2002, they may be different). This data can be presented in the form of a table. Statistical methods should be removed from the

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"Data collection" section. "Neoadjuvant chemotherapy" is not listed in the inclusion criteria, why? Results. It should be taken into account that the prognosis for stages IIA and IIB of gastric cancer differs significantly. It is desirable to clarify whether only the stage IIA was included in the analysis, or the IIB as well. If both stages were included in the analysis, then I think the effect of different numbers of chemotherapy courses on the survival of patients with gastric cancer should be considered separately for stages IIA and IIB. Page 4, line 29. Error. Gender differences in groups before PSM (p=0.02). Page 5, line 14-16 «The diversity of 1-year OS rate（70.0% VS 80.0%，Log-Rank P=0.682, 3-year OS rate （78.2% VS 82.1%，Log-Rank P=0.981, 5-year OS rate （83.5% VS 60.0%，Log-Rank P=0.962)» - It cannot be that the 5-year OS rate is higher than 1 and 3-years ones. Page 5, line 17-18 «On the other side, the median OS were for chemotherapy cycles <9 was 82 months and the median OS for chemotherapy cycles≥9 has not reached.» - Apparently you mean PFS Page 5, line 18 – 20 «The outcomes were that 1-year PFS rate （50%VS 78.6%，Log-Rank P=0.042, 3-year PFS rate（74.1% VS 79.4%，Log-Rank P=0.367, 5-year PFS rate （75.3% VS 78.2%，Log-Rank P=0.924)» - Similar error as in Page 5, line 14-16 Page 5, line 22-26 «The recurrence rate of chemotherapy cycles<9 and chemotherapy cycles≥9 were 48.76% (22/97) and 24.38% (12/97), respectively and there was no obvious difference between the two groups(P=0.06)» and For group of chemotherapy cycles<9, the percentage of local-regional metastasis and distant metastasis were 43.22% (11/97), 49.15 %(11/97), respectively» - Percentages calculated incorrectly! Page 6, line 27-29 and Page 7, line 2-4: «The diversity of 1-year OS rate (34.5% VS 30.8%, Log-Rank P=0.824), 3-year OS rate (38.3% VS 36.7%, Log-Rank P=0.816), 5-year OS rate (38.5% VS 35.0%, Log-Rank P=0.276) in both groups were not significant.»; « The outcomes were that 1-year PFS rate (24.2% VS 23.2%, Log-Rank P=0.263), 3-year PFS rate (36.3% VS 34.8%, Log-Rank P=0.085), 5-year PFS rate (40.3% VS 34.2%, Log-Rank P=0.411) of both two groups were similar.» - However, according to Figure 4c

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and 4d, the 1-year OS was clearly greater than 70% and the PFS was greater than 55%. And, as already noted, it cannot be that the 5-year OS rate is higher than 1 and 3-years ones. Table 2,3 and 5,6. It is not clear what is meant by "event": the number of patients who died and have relapse? Or something different? If this is the number of patients with disease recurrence, then these data do not match the number of patients given in the text of the manuscript (Page 5, line 22-24 and Page 7, line 6-8). According to the data shown in tables 1-3, patients with T4 were also assigned to the stage II - this is not true. Tables 2,3 and 5,6 do not allow understanding how patients with relapses were distributed in the group who received less than 9 courses of chemotherapy and in the group who received 9 or more courses. For this reason, it might think that you are comparing recurrence rates by gender, depths of tumor invasion, number of positive lymph nodes, vascular invasion, neural invasion, Lauren classification, maximum diameter of tumor, types of gastrectomy and Her-2. Figures 2 and 4. It is not clear what the table data under the survival curves means The text of manuscript contains stylistic errors. The submitted manuscript requires revision and correction of identified shortcomings.

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Title: Prognostic effect of excessive chemotherapy cycles for stage II and III gastric cancer patients after D2 + gastrectomy

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Reviewer's code: 03478004
Position: Editorial Board
Academic degree: MD, PhD
Professional title: Associate Professor
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Language quality	[ ] Grade A: Priority publishing [Y] Grade B: Minor language polishing [ ] Grade C: A great deal of language polishing [ ] Grade D: Rejection
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Peer-reviewer statements	Peer-Review: [ ] Anonymous [Y] Onymous Conflicts-of-Interest: [ ] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

The authors examined the prognosis by the number of cycles of chemotherapy for gastric cancer. Interesting study, but information is lacking. 1. The authors should state the chemotherapy regimen. 2. What does "D2+lymphadenectomy" mean? Is it same as D2 lymphadenectomy according to the Japanese guideline? 3. In the Abstract, please show how to divide the two groups. 4. Page 2, Line 4 from the bottom: adjuvant chemotherapy and adjuvant chemotherapy → adjuvant chemotherapy and neoadjuvant chemotherapy 5. Page 5, Line 17: the median OS → the median PFS? 6. In Table 1, After PSM, ≧9cycles group, the total number of men and women is 107. 7. In the Discussion session, the first four lines are redundant with the Introduction session and should be omitted. 8. In the Discussion session, you mention chemotherapy cycles in various cancers, but it is better to focus your discussion on gastric cancer.

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Reviewer's code: 03468910
Position: Editorial Board
Academic degree: PhD
Professional title: Assistant Professor, Surgeon
Reviewer's Country/Territory: Italy
Author's Country/Territory: China

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SPECIFIC COMMENTS TO AUTHORS

The topic of this manuscript falls within the scope of Word Journal of Gastroenterology. The Authors restrospectively evaluated 412 patients in stage II and 902 patient in stage III gastric cancer who underwent D2+gastrectomy plus adjuvant chemotherapy or neo-adjuvant chemotherapy. The aim of this study was to affirm wether excessive chemotherapy cycles have extra survival benefits on stage II-III gastric cancer. The Authors pointed out that intestinal-type, proximal gastrectomy, maximum diameter of tumor (>= 6cm) had higher risk of total mortality in group of chemotherapy cycle >= 9 and disease progression in group of chemotherapy cycles <9. Chemotherapy cycles >= 9 is unnecessary for patients with stage II and III gastric cancer, owing to its insignificant role in prognosis in gastric cancer. Chemotherapy cycles >=9 has a major part to play in avoiding recurrence of patients with stage III, except for the role in stage II. It is a very interesting manuscript. Background, Methods, and Results are good. Discussion sound well. Complete the references.