

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 17218

Title: Clinical features of second primary cancers arising in early gastric cancer patients after endoscopic resection

Reviewer's code: 00187937

Reviewer's country: Turkey

Science editor: Yuan Qi

Date sent for review: 2015-02-26 11:49

Date reviewed: 2015-02-26 14:05

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	Google Search:	<input checked="" 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 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

Dear Editor, This is well designed and correct statistical analysis performed study. I just want to remind to the authors to add the p value for genders in Table 1. Regards.

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 17218

Title: Clinical features of second primary cancers arising in early gastric cancer patients after endoscopic resection

Reviewer's code: 00227589

Reviewer's country: United States

Science editor: Yuan Qi

Date sent for review: 2015-02-26 11:49

Date reviewed: 2015-03-13 11:15

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 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 checked="" 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

The manuscript submitted by Kim et al. evaluates a set of gastric cancer patient data in regards to early and advanced stage gastric cancer and second primary cancer development incidence and location. The manuscript overall is well written and I recommend publication after careful consideration of the following points: - Language and diction should be corrected, especially the use of the word clinicopathological is unusual - I do not know what this means? - Clear definitions of abbreviations the first time they are mentioned in the text (SPCs was not explained, EGC is mentioned in multiple places, etc.) - How did the researcher determine that the SPC was indeed an independent second cancer that did not develop as a metastasis? Was any marker analysis done to see if dedifferentiated cells from the gastric epithelium were present in the second primary cancer? - The authors mention in their discussion that EGC and AGC may represent different stages of the same cancer - but that cannot be the case in the same patient from this data set, correct? This should be clarified - Figure 2 is obsolete since figure 3 contains a clear distinction between the tumor locations - the only non-solid tumor was of hematological origin