

## ESPS PEER-REVIEW REPORT

**Name of journal:** World Journal of Gastrointestinal Oncology

**ESPS manuscript NO:** 25816

**Title:** Pathogenesis and risk factors for gastric cancer after H.pylori eradication

**Reviewer's code:** 03488034

**Reviewer's country:** India

**Science editor:** Ya-Juan Ma

**Date sent for review:** 2016-03-24 15:21

**Date reviewed:** 2016-04-04 19:46

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 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 checked="" type="checkbox"/> Grade D: Fair	<input checked="" 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 type="checkbox"/> Grade D: Rejected	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Minor revision
		BPG Search:	<input checked="" 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 infection by H. pylori, an important etiological factor, continues to increase subsequent gastric cancer risk even after treating the bug and making surgical/endoscopic intervention. To address this main objective of the review, the contents are confusing and disorganized. Authors shift across various things and rather squeeze the conclusions from evidences, make repetitions and inconsistencies. Given the huge published information on the topic and expertise of the author, the authors could have structured the review with great clarity and connectivity as suggested below: 1. To start with describing in a paragraph, how the H. pylori infection increases risk of gastric cancer with brief mechanisms also. 2. Followed by, how the infection is treated and what extent the infection eradication attenuated the gastric cancer risk. 3. What is conclusive evidence in subsequent gastric cancer risk after H. Pylori eradication and tumor removal (surgery or endoscopic one)- will follow. a. In addition how you rule out the role of other risk factors of gastric cancer in metachronous gastric cancer formation. b. What is the argument that the subsequent metachronous cancer is not due to reinfection of the H. pylori. What are the studies which have assessed that H. pylori infection was absent in such subsequent cancers after primary cancer. 4. After establishing



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the risk (in post treatment and post operated) patients due to H. pylori, in the review, you can explain the pathology as many sections in the article are relevant. Establish that treatment of the bug, does not help in stopping the various carcinogenic events initiated by such infection. The committed events possibly lead to metachronous cancer. (the pathology of metachronous gastric cancer in patients who had no infection needs attention seriously). 5. Eventually, you make your recommendations as stated that surveillance/follow up is important after treating against H. pylori. Further can we make suggestions like partial or totally gastric removal will reduce metachronous cancer development in stomach i.e treating the infection along with the removal of the committed events of H. pylori related previous infections, is advisable.

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<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"/> 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
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<input type="checkbox"/> Grade E: Poor		<input 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 type="checkbox"/> No	

## COMMENTS TO AUTHORS

This manuscript is the topic highlight of pathogenesis and risk factors for gastric cancer after HP eradication. This manuscript is well written. I have several minor comments as follows. 1. Authors should explain full words for abbreviations "AID", "PAI", "TNF", and "ESD". 2. P9, line 18: Authors should confirm the reference numbers. 3. P15, line 9: Authors should change "CpG islands" to "CGIs".

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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
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		<input type="checkbox"/> Plagiarism	
		<input type="checkbox"/> No	

## COMMENTS TO AUTHORS

The authors reviewed the role of the H. pylori in carcinogenesis and the histological and endoscopic characteristics and risk factors for metachronous gastric cancer after eradication as well as the risk predictions, the possible approaches for reducing the risk of metachronous gastric cancer after eradication. The topic is valuable, the content is informative and detailed, and the logic is clear. However, there are still some small problems as follows 1. The title was "Pathogenesis and risk factors for gastric cancer after H. pylori eradication", however, there seems to be only very tiny part focusing on the risk factors of metachronous gastric cancer (Page 15), and content of "Pathogenesis" was also small. It makes readers wonder whether the title fits the main body of the content. 2. If possible, please provide a clear definition of "metachronous gastric cancer" and explain the difference between "metachronous gastric cancer" and "gastric cancer after H. pylori eradication". 3. The authors should clearly illustrate the "possible approaches" was aimed to all gastric cancer, or with gastric cancer with Helicobacter pylori infection, or the development of gastric cancer after H. pylori eradication, or metachronous gastric cancer 4. In Page 1, "The endoscopic removal of early-stage gastric tumors does not affect the overall cancer." What's the "overall cancer". Please



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provide some explanation. 5. In Page 14, 16, 19, and other positions, the paragraph was built with one sentence. It looks unfriendly and informal.