

PEER-REVIEW REPORT

Name of journal: World Journal of Gastrointestinal Oncology

Manuscript NO: 47547

Title: Safety and efficacy of a docetaxel-5FU-oxaliplatin regimen (TeFOX) with or without trastuzumab in neoadjuvant treatment of localized gastric or gastroesophageal junction cancer: a retrospective study

Reviewer's code: 03656272

Reviewer's country: Turkey

Science editor: Fang-Fang Ji

Reviewer accepted review: 2019-05-09 21:45

Reviewer performed review: 2019-05-09 22:26

Review time: 1 Hour

SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION	PEER-REVIEWER STATEMENTS
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	<input type="checkbox"/> Accept	Peer-Review:
<input type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language	(High priority)	<input checked="" type="checkbox"/> Anonymous
<input checked="" type="checkbox"/> Grade C: Good	polishing	<input type="checkbox"/> Accept	<input type="checkbox"/> Onymous
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of	(General priority)	Peer-reviewer's expertise on the
<input type="checkbox"/> Grade E: Do not	language polishing	<input type="checkbox"/> Minor revision	topic of the manuscript:
publish	<input type="checkbox"/> Grade D: Rejection	<input checked="" type="checkbox"/> Major revision	<input type="checkbox"/> Advanced
		<input type="checkbox"/> Rejection	<input checked="" type="checkbox"/> General
			<input type="checkbox"/> No expertise
			Conflicts-of-Interest:
			<input type="checkbox"/> Yes
			<input checked="" type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS

The study tried to test the efficacy of TeFOX. The study can provide important data to literature. My recommendations are below. Introduction: The word prognostic



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should be used as “prognosis”. For 4th and 5th paragraphs, you should add references for prognostic data. Add a reference for “Such HER2 overexpressing tumour represents around 20% of gastric cancers.” The FLOT is a perioperative regimen, you should use “perioperative” instead of neoadjuvant. In addition, you should give brief data for the efficacy of TeFOX in metastatic setting. And also discuss the rationale for using Tefox at the perioperative setting. IS it more feasible or less toxic when compared to FOLFOX or FLOT? Patients/Methods: Some spelling errors should be corrected. How did you give prophylactic GCSF? Dosage and timing? How about planned cycles of TeFOX? How many cycles perioperatively? You should discuss it in treatment section Results: Give a range after median age. You can give survival rate at 1-2-3 years. How about the results of Her-2 positive ones? You should test statistically to find a specific group that is more suitable for this regimen.(getting more regression, or more OS) Discussion: You should discuss the results by giving more references. You can give results of other adjuvant therapies. In addition, you should add a last paragraph as a conclusion.

INITIAL REVIEW OF THE MANUSCRIPT

Google Search:

- ☐ The same title
- ☐ Duplicate publication
- ☐ Plagiarism
- ☐ No

BPG Search:

- ☐ The same title
- ☐ Duplicate publication
- ☐ Plagiarism



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[Y] No

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Manuscript NO: 47547

Title: Safety and efficacy of a docetaxel-5FU-oxaliplatin regimen (TeFOX) with or without trastuzumab in neoadjuvant treatment of localized gastric or gastroesophageal junction cancer: a retrospective study

Reviewer's code: 02753368

Reviewer's country: France

Science editor: Fang-Fang Ji

Reviewer accepted review: 2019-05-02 19:57

Reviewer performed review: 2019-05-12 07:57

Review time: 9 Days and 11 Hours

SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION	PEER-REVIEWER STATEMENTS
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	<input type="checkbox"/> Accept	Peer-Review:
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<input type="checkbox"/> Grade C: Good	polishing	<input type="checkbox"/> Accept	<input type="checkbox"/> Onymous
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			Conflicts-of-Interest:
			<input type="checkbox"/> Yes
			<input checked="" type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS

In this monocentric retrospective study, the authors analyzed the outcome of 33 patients treated with neoadjuvant/perioperative TeFOX chemotherapy +/- trastuzumab and

surgery in the treatment of localized gastric or GEJ cancer. After a median follow-up of 32 months, authors found 91 R0 resection after neoadjuvant TeFOX chemotherapy +/- trastuzumab This is an original and interesting study. The manuscript is well written, but there are some typing errors in the text: *In the Abstract section, Methods paragraph - "F5U" instead of "5FU" *In Page 7, line 3: the end of the sentence "...3 or 4 complications versus 1 with 22 (4%) in patients. " is lacking: I have some comments and questions about the manuscript: *Patient characteristics section: Authors should describe the types of surgical procedure that have been performed (total gastrectomy, partial gastrectomy, Lewis-Santy) *Results section -Patient characteristics paragraph Authors reported patients received 5 cycles of neoadjuvant chemotherapy [2-8]: How was determined the number of chemotherapy cycles administered? How many cycles of adjuvant chemotherapy were delivered (Mean and range) ? Authors should report the type of surgical procedure that has been performed (see table 4) -Safety paragraph Authors reported high incidence of grade 3+ neuropathy (21%) in the abstract section: Authors should report the incidence of grade 3+ neuropathy in the text. They should also discuss the high incidence of G3+ neuropathy observed in their study in comparison with FLOT chemotherapy (21% vs 7%) (Al Batran, Lancet 2019; 393: 1948-57) -Efficacy paragraph Authors should report in this section and in table 4, the ypTN stage, the number of positive lymph nodes and the positive lymph node ratio. What was the 2-year OS and PFS ? *Reference section Authors should add the full paper reference of the FLOT study: Al Batran SE, Lancet 2019; 393: 1948-57 Weakness of the study A propensity case-matched study with patients treated in their institution without taxane-based chemotherapy would have been appreciated.

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