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ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 6860

Title: Diagnosis and evaluation of gastric cancer with positron emission tomography

Reviewer code: 02458758

Science editor: Qi, Yuan

Date sent for review: 2013-10-30 19:57

Date reviewed: 2013-11-03 17:18

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A (Excellent)	<input type="checkbox"/> Grade A: Priority Publishing	Google Search:	<input type="checkbox"/> [Y] Accept
<input type="checkbox"/> [Y] Grade B (Very good)	<input type="checkbox"/> [Y] Grade B: minor language polishing	<input type="checkbox"/> [] Existed	<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"/> [] No records	<input type="checkbox"/> [] Rejection
<input type="checkbox"/> [] Grade D (Fair)	<input type="checkbox"/> [] Grade D: rejected	BPG Search:	<input type="checkbox"/> [] Minor revision
<input type="checkbox"/> [] Grade E (Poor)		<input type="checkbox"/> [] Existed	<input type="checkbox"/> [] Major revision
		<input type="checkbox"/> [] No records	

COMMENTS TO AUTHORS

The manuscript (Clinical Practice) "Diagnosis and evaluation of gastric cancer with positron emission tomography" reviewed the current literature in diagnosis, staging, response evaluation, and relapse monitoring of gastric cancer, and discussed the current understanding, improvement, and future prospects in the value of FDG PET/CT in diagnosis and evaluation of gastric cancer. The authors conclude the spatial resolution of PET can be improved by optimal camera design within the physical fundamental limitations. In addition, newer generation of multimodality imaging equipments like PET/MR or PET/CT/MR may hopefully complement with each other with its own advantage in diagnosis and evaluation of various diseases including gastric cancers. There are some suggestions for improving this manuscript. 1. The manuscript is a Topic Review, as we know, the Topic Review must contain latest study of positron emission tomography and gastric cancer, and the authors could update the references. Such as: reference 2, reference 92 et al. 2. the Topic Review must contain comprehensive view, but the paper are selective references, the author chose the studies which supported the view of positron emission tomography is good for diagnosis and evaluation of gastric cancer, but some studies object to this view, the authors could discuss about these views.



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Title: Diagnosis and evaluation of gastric cancer with positron emission tomography

Reviewer code: 01192010

Science editor: Qi, Yuan

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CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	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"/> Existed	<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"/> No records	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D (Fair)	<input type="checkbox"/> Grade D: rejected	BPG Search:	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)		<input type="checkbox"/> Existed	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

COMMENTS TO AUTHORS

The authors have prepared a narrativ review of the role of PET in gastric cancer. Personally, I prefer systematic reviews and meta-analysis, but I realize the need for reviews that capture the sum of knowledge within a field as long as it is predominantly evidence-based. This review is very well written and largely covers the entire field. In general, the references are new, and the length of reference list if ok. The authors should include all relevant and recent systematic reviews and meta-analysis in the literature list, including some identified in PubMed, but not included in the review, e.g. Zou et al. Surg Oncol 2013; Hillner et al, Med Care 2013, Lutz et al., Eur J Cancer 2013, Wu et al, J Gastroenterol Hepatol 2012, and Kwee & Kwee, Gastric Cancer 2009. Given new SR/MA for diagnosis of gastric cancer, Table I should be deleted. By referring to results of SR/MA, reporting of individual papers can be reduced if the topic is covered by a recent SR/MA. I suggest that the authors focus on unsolved issues not covered by the systematic reviews, e.g. topics shown in the other tables. I miss links to guidelines, at least NCCN and likely European recommendations from ESMO, EORTC or other trans-national societies, for the recommendation of PET/CT in each sections, i.e. diagnosis, staging, recurrence etc. Please insert any published recommendations of cost-effectiveness if available. The review is very long (5,348 words). Please try to cut away all material which is known to the target readers already. It is a balance between the addition of new things and removal of present text. But a maximum word count in the range of 4,000 to 4,500 should be aimed at. In the section 'Detection and evaluation of primary gastric cancer' I suggest the authors to include a little section about tumor biology. There are studies, in gastric cancer and other cancers as well, that tumor heterogeneity, oncogen expression, microsatellite instability etc carries a role for the intensity of the PET signal as well as prognosis. This topic is not covered in SR/MA. I miss a



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section about the prognostic value of other PET outcome than SUV (e.g. metabolic tumor volumes, total glycolytic index, dynamic parameters etc), though dual time point assessment is covered. The value of dual time imaging is not clear from Figure 2. Unless the authors can find a more illustrative example, this figure should be deleted. And it remained unclear why early images are shown in transverse planes and the late scan in coronal plane. The legend to Fig 2 is not easy to follow. It appears from the initial text, that the two patients are A and B. It is probably that A is before Tx and B after Tx in a responding patient, whereas the same is true with C and D in a non-responding patient. Please check. All abbreviations should be spelled out when mentioned the first time (e.g. JRSGC in Fig 2).