

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 17295

Title: Clinical comparison of antrum-preserving double tract reconstruction versus roux-en-Y reconstruction after gastrectomy for Siewert type II and III adenocarcinoma of the esophagogastric junction

Reviewer's code: 00182860

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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
<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
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input type="checkbox"/> Plagiarism	<input type="checkbox"/> Minor revision
<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 paper reports on a discussed issue of upper GI surgery. I have some major remarks for the Authors: - BMI must be considered among patients' characteristics in table 1 and not as outcome in table 2 - speculations concerning survival according to Siewert classification deviates the attention from the core message. The demonstration of similar oncologic performances in the study group is enough. - It is not clear the role of the univariate analysis of overall survival; I suggest to perform a multivariate analysis as completion. However, again, I consider this redundant and dispersive, the main point is that oncologic outcome is not affected by the 2 surgical techniques - Authors can not conclude "it is worth recommending ADTR as a preferred digestive tract reconstruction method for Siewert type II and III AEG". In fact their data -and their numbers- can at best be considered as "scout" study and at present can only support the need of controlled comparative prospective studies.