



**PEER-REVIEW REPORT**

**Name of journal:** World Journal of Gastroenterology

**Manuscript NO:** 47398

**Title:** Nomograms for pre- and postoperative prediction of long-term survival for proximal gastric cancer patients: A large-scale, single-center retrospective study

**Reviewer’s code:** 02446450

**Reviewer’s country:** United Kingdom

**Science editor:** Jia-Ping Yan

**Reviewer accepted review:** 2019-05-08 13:21

**Reviewer performed review:** 2019-05-08 13:53

**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 type="checkbox"/> Grade B: Minor language	(High priority)	<input checked="" type="checkbox"/> Anonymous
<input type="checkbox"/> Grade C: Good	polishing	<input type="checkbox"/> Accept	<input type="checkbox"/> Onymous
<input checked="" 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 checked="" type="checkbox"/> Grade D: Rejection	<input type="checkbox"/> Major revision	<input checked="" type="checkbox"/> Advanced
		<input checked="" type="checkbox"/> Rejection	<input type="checkbox"/> General
			<input type="checkbox"/> No expertise
			Conflicts-of-Interest:
			<input type="checkbox"/> Yes
			<input checked="" type="checkbox"/> No

**SPECIFIC COMMENTS TO AUTHORS**

This is a single centre study from China involving a retrospective review of prospectively collected clinical data. The authors have sought to develop a prognostic nomogram for patients with proximal gastric cancer undergoing radical surgery.



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Tumours were restricted to the proximal third of stomach and all patients underwent radical total gastrectomy. Overall, the methodology employed to develop a prognostic nomogram is sound. The investigators have included a large number of patients overall (n=746) and divided the subjects into development set and testing set. The developed nomogram appears to work reasonable accurately (approx. 75%). However: 1. How did the authors choose the variables to include in the nomogram? It would appear that many variables were analysed and those with a 'P value' were selected to be included. For example, why were tumour markers CEA and CA19-9 included. These are poor markers of disease activity and tumour biology. The authors have ignored completely well-established prognostic indicators, such as markers of systemic inflammation (eg CRP or neutrophil/lymphocyte ratio). 2. There is no description on adjuvant treatment. How many patients received neo/adjuvant systemic therapy? Did receipt of systemic therapy alter the performance of the nomogram? 3. What about control for surgical radicality? Surely some resections were more 'radical' than others. Did the lymph node ratio positivity have a bearing on prognosis? 4. The authors acknowledge the presence of weight loss as a poor prognostic indicator. However, they attribute this wholly to poor nutrition. There is no acknowledgement of the syndrome of cancer cachexia, which is well established as a poor prognostic indicator. 5. I am still unsure how the authors plan to use the nomogram. Are they proposing the 'poor' prognostic patients arte offered alternative treatments? If so, I would suggest that 75% accuracy is not good enough for this. 6. The whole manuscript is too long and rambling - especially the discussion which is repetitive.

## INITIAL REVIEW OF THE MANUSCRIPT

### *Google Search:*

[ ] The same title



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Plagiarism

Y No

***BPG Search:***

The same title

Duplicate publication

Plagiarism

Y No



**PEER-REVIEW REPORT**

**Name of journal:** World Journal of Gastroenterology

**Manuscript NO:** 47398

**Title:** Nomograms for pre- and postoperative prediction of long-term survival for proximal gastric cancer patients: A large-scale, single-center retrospective study

**Reviewer’s code:** 02916347

**Reviewer’s country:** Germany

**Science editor:** Jia-Ping Yan

**Reviewer accepted review:** 2019-05-08 14:38

**Reviewer performed review:** 2019-05-11 20:58

**Review time:** 3 Days and 6 Hours

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

**SPECIFIC COMMENTS TO AUTHORS**

This is an original article entitled “Nomograms for pre- and postoperative prediction of long-term survival for proximal gastric cancer patients: A large-scale, single-center retrospective study” by Chen et al., that analyses retrospective data of patients with



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proximal gastric cancer in order to develop nomograms as possible predictors of survival. Gastric cancer is extremely inhomogeneous in his clinical presentation due to different stage, features of primary tumor nodal involvement, histological type and patients' characteristics. Long survivors could be better selected to receive more aggressive therapies according to models that allow a better stratification of the patients with a better prognosis. Therefore, the topic is of interest and such a studies are necessary, as the current evidence is still debatable. However, some adjustments are needed: Introduction: - the aim of the study should be clearly defined and be the same in abstract and text. Differences could confuse the reader. To "...explore the postoperative prognosis of upper stomach carcinoma and the related preoperative and postoperative factors..." is not a well-defined objective. Maybe the authors mean that the aim of the study was to develop preoperative and postoperative nomogram prediction models for long-term survival based on retrospectively analysed data regarding patients with proximal gastric cancer, after prior investigation of preoperative and postoperative prognostic factors. Please change. Materials and methods: - proximal gastric cancer and upper third gastric cancer are used to define the same tumor site? Then please call it proximal gastric cancer as in the title and in the selection criteria section defined it correctly, i.e. "...primary adenocarcinoma in the proximal part (upper third) of the stomach..." instead of "...primary adenocarcinoma in the upper third of the stomach..-". - "no evidence of tumor invasion in adjacent organs (the pancreas, spleen, liver, or transverse colon) is also called T4b stage, please add it to the criteria instead of describing the adjacent organs or just T1-4a were included and T4b were excluded. - This statement "The preoperative size, location, T stage (with or without the presence of serosal invasion) and N stage (with or without LN metastasis) of the neoplasm were assessed in all the patients via upper digestive endoscopy with a biopsy, chest X-ray, total abdominal ultrasound, and abdominopelvic CT scan." was written twice and is



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redundant. Please correct it in text. - In sections "The diagnostic standard for preoperative T and N staging" and "Follow-up" the same information is repeated as above. These two paragraphs could be summarized in one i.e "diagnosis and follow up". Please cancel redundant text above. - Factors analyzed in training and validation model should be mention in the "Statistical analysis" section. The appear suddenly only in the "Results". Results: - Please do not use expression such as "closely related to OS". Instead significantly or not significantly or trend could better report the results. - Results are very confusing and complicated. I suggest to divide this section in two principal paragraphs: training and validation and for each of them to report pre- and post-operative model/factors. Discussion: - Limits of the study are correctly reported at the end of the discussion. It could be useful if the authors add also a paragraph including points of strength and the importance of their findings.

#### **INITIAL REVIEW OF THE MANUSCRIPT**

##### ***Google Search:***

- The same title
- Duplicate publication
- Plagiarism
- No

##### ***BPG Search:***

- The same title
- Duplicate publication
- Plagiarism
- No



**PEER-REVIEW REPORT**

**Name of journal:** World Journal of Gastroenterology

**Manuscript NO:** 47398

**Title:** Nomograms for pre- and postoperative prediction of long-term survival for proximal gastric cancer patients: A large-scale, single-center retrospective study

**Reviewer's code:** 03270609

**Reviewer's country:** Russia

**Science editor:** Jia-Ping Yan

**Reviewer accepted review:** 2019-05-09 06:48

**Reviewer performed review:** 2019-05-14 15:34

**Review time:** 5 Days and 8 Hours

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

**SPECIFIC COMMENTS TO AUTHORS**

The authors showed the possibility of using nomograms to predict long-term results of patient treatment with proximal gastric cancer. They showed the possibility of using in the prognostic model not only postoperative, but also preoperative characteristics of the



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tumor and patients. In addition, the authors noted the role of blood transfusion and postoperative complications as factors affecting the prognosis of gastric cancer. The presented data are scientifically substantiated and statistically confirmed. The results obtained are of interest to practical oncologists and may be useful for assessing the prognosis of the disease and individualizing the treatment of patients. Minor bugs are easily fixed. In the Abstract, the phrase: "The data were split 75/25", needs to be clarified. It is needed to fix the phrase "methodsor predicting" in the Abstract. In the Introduction, it is necessary to verify the correctness of the expression: "The performance of such nomogram-based models ion performance is superior to that of the traditional staging system."

#### **INITIAL REVIEW OF THE MANUSCRIPT**

##### ***Google Search:***

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- Duplicate publication
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##### ***BPG Search:***

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