

ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

Ms: 3231

Title: The Impact of Overweight on the Surgical Outcomes for Gastric Cancer: A Meta-analysis of Non-randomized Studies

Reviewer code: 02446450

Science editor: s.x.gou@wjgnet.com

Date sent for review: 2013-04-16 10:25

Date reviewed: 2013-04-17 04:24

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 checked="" type="checkbox"/> Grade B: minor language polishing	<input type="checkbox"/> Existed	<input type="checkbox"/> High priority for publication
<input checked="" 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	<input type="checkbox"/> Existed	<input checked="" type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)		<input type="checkbox"/> No records	<input type="checkbox"/> Major revision

COMMENTS

COMMENTS TO AUTHORS:

Overall this manuscript provides a detailed and comprehensive review of the influence of elevated patient BMI on outcomes following gastrectomy for cancer. The review is methodical and well performed and follows the appropriate Guidelines and methodology for this type of review. However, the discussion is too long (for example, much of the first paragraph could be removed). I would also feel more comfortable if the authors were to stress more the limitations of the study - principally that the conclusions should be interpreted with caution as the studies were non-randomised and the cohorts were not matched. Two further points: 1. Could the reduced long-term survival of the high BMI group be attributed to increased comorbidities, such as cardiovascular disease, rather than reduced cancer survival? No data is provided regarding cause of death for these patients. Nor is there any information on stage of disease, R0 resection rates, etc and outcomes. 2. A further analysis analysing the influence of increasing BMI may support the conclusions more strongly - for example, comparing outcomes for BMI<25, BMI 25-30, BMI 30-35, etc

ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

Ms: 3231

Title: The Impact of Overweight on the Surgical Outcomes for Gastric Cancer: A Meta-analysis of Non-randomized Studies

Reviewer code: 01557574

Science editor: s.x.gou@wjgnet.com

Date sent for review: 2013-04-16 10:25

Date reviewed: 2013-04-20 04:29

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	<input type="checkbox"/> Existed	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)		<input type="checkbox"/> No records	<input type="checkbox"/> Major revision

COMMENTS

COMMENTS TO AUTHORS:

This article gives us some informations about complications of gastric surgery. Results are not new information. The author should investigate the insulin resistance and hepatosteatosis or NASH. I wonder is there any relationship between insulin resistance, hepatosteatosis, NASH situation and post-operative complications of gastric surgery.

ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

Ms: 3231

Title: The Impact of Overweight on the Surgical Outcomes for Gastric Cancer: A Meta-analysis of Non-randomized Studies

Reviewer code: 00503563

Science editor: s.x.gou@wjgnet.com

Date sent for review: 2013-04-16 10:25

Date reviewed: 2013-04-21 14:06

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	<input type="checkbox"/> Existed	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)		<input type="checkbox"/> No records	<input type="checkbox"/> Major revision

COMMENTS

COMMENTS TO AUTHORS:

The authors investigated the clinical significance of overweight on the surgical complication and long-term survival of patients with gastric cancer. Finally, this meta-analysis demonstrated that the presence of overweight was significantly correlated with surgical difficulty, high rate of postoperative complications and poor survival in patients with gastric cancer. Although this meta-analysis has several limitations, this paper is important for the surgical management of overweight patients who will increase in the future. However, some revisions are needed. Major comments 1. In Table 2, 3 and 4, the authors investigated the relationship between the presence or absence of overweight and long-term survival. This prognostic analysis means overall survival or disease-specific survival? The authors should mention about this point. 2. Surgical difficulty and postoperative complications are considered to be influenced by the type of gastrectomy. How about the surgical results in each patients receiving total gastrectomy or other gastrectomy? 3. In the present study, overweight patients with gastric cancer had more surgical difficulty and complications. How do the authors think the clinical development to avoid intra/post-operative complications in overweight patients with gastric cancer? This is clinically important for the maintenance of surgical safety in overweight patients receiving gastrectomy.

ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

Ms: 3231

Title: The Impact of Overweight on the Surgical Outcomes for Gastric Cancer: A Meta-analysis of Non-randomized Studies

Reviewer code: 00070288

Science editor: s.x.gou@wjgnet.com

Date sent for review: 2013-04-16 10:25

Date reviewed: 2013-04-21 22:14

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	<input type="checkbox"/> Existed	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)		<input type="checkbox"/> No records	<input type="checkbox"/> Major revision

COMMENTS

COMMENTS TO AUTHORS:

This article investigated that overweight patients with gastric cancer have increased surgical complications and worse short-term operative outcomes than patients with healthy weights either laparoscopic gastrectomy or open gastrectomy. 1, The authors should consider the TNM stage of different patients, mention the patient's pathological types. 2, Surgical difficulty, time and postoperative complications are considered to be influenced by the type of gastrectomy. How about the surgical types in each patient receiving total gastrectomy, proximal radical gastrectomy or distal radical gastrectomy? If it is radical gastrectomy, the author should mention that it is D1, D2, D3 or D4 Lymphadenectomy. 3, Proficiency in different surgeons may be different. Retrospective study should be retrospective cohort study. 4, Conclusion mentioned in the article "being overweight was found to impair long-term survival", but the mortality rate at the end of this article is not included as a research target, how can you draw this conclusion??

ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

Ms: 3231

Title: The Impact of Overweight on the Surgical Outcomes for Gastric Cancer: A Meta-analysis of Non-randomized Studies

Reviewer code: 00502831

Science editor: s.x.gou@wjgnet.com

Date sent for review: 2013-04-16 10:25

Date reviewed: 2013-04-22 07:08

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A (Excellent)	<input checked="" 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 checked="" 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	<input type="checkbox"/> Existed	<input checked="" type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)		<input type="checkbox"/> No records	<input type="checkbox"/> Major revision

COMMENTS

COMMENTS TO AUTHORS:

The authors analysis about the impact of overweight on the surgical outcomes for gastric cancer using a meta-analysis of non-randomized studies. And they concluded that high BMI did not only increase surgical difficulty, but also impair long-term survival of patients with gastric cancer. I have some comments as bellow. 1) The authors should showed clinical variables including sex, method of surgery (distal or total gastrectomy), splenectomy, lymph node dissection (< D2 or D2), adjuvant, Stage, etc. in normal BMI and over weight BMI, each. Because these factors affected the surgical difficulty, complication, and prognosis. 2) The authors should discuss not only overall survival but also disease specific survival and/or disease specific survival in each stage of gastric cancer. Because overweight BMI increase the risks of thrombosis, cardiac, and respiratory complications. 3) In advanced stage gastric cancer, the prognosis of low BMI patients is worse than that of normal BMI and overweight BMI?

ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

Ms: 3231

Title: The Impact of Overweight on the Surgical Outcomes for Gastric Cancer: A Meta-analysis of Non-randomized Studies

Reviewer code: 00503072

Science editor: s.x.gou@wjgnet.com

Date sent for review: 2013-04-16 10:25

Date reviewed: 2013-04-27 19:55

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	<input type="checkbox"/> Existed	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)		<input type="checkbox"/> No records	<input type="checkbox"/> Major revision

COMMENTS

COMMENTS TO AUTHORS:

Comments to the authors This meta-analysis review highlights the surgical and postoperative complications in overweight patients with gastric cancer. The authors obtained the data from the PubMed, Web of Science, and Cochrane Library databases. From the meta-analysis, they concluded that high BMI did not only increase surgical difficulty and complications, but also impair long-term survival of patients with gastric cancer. In general, this meta-analysis may provide some clinical implications. However, the limitation cannot be ignored, because the reports from different medical units worldwide, the surgical procedure may be different and the postoperative medical care are varied from unit to unit. In addition, the gastric cancer patients from western and eastern countries may be also varied. These limitations must be stated and discussed in the manuscript.

ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

Ms: 3231

Title: The Impact of Overweight on the Surgical Outcomes for Gastric Cancer: A Meta-analysis of Non-randomized Studies

Reviewer code: 00068357

Science editor: s.x.gou@wjgnet.com

Date sent for review: 2013-04-16 10:25

Date reviewed: 2013-05-02 13:51

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 checked="" type="checkbox"/> Grade B: minor language polishing	<input type="checkbox"/> Existed	<input type="checkbox"/> High priority for publication
<input checked="" 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)		BPG Search:	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)	<input type="checkbox"/> Grade D: rejected	<input type="checkbox"/> Existed	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

COMMENTS

COMMENTS TO AUTHORS:

The discrepancy of surgical outcome after D2 dissection in Eastern Asian and Western countries is largely due to the popularity of this surgical procedure and the skill of surgeons, not mainly due to the obesity of different ethnics. The details of patient outcome after open or laparoscopic gastrectomies need to be listed.

ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

Ms: 3231

Title: The Impact of Overweight on the Surgical Outcomes for Gastric Cancer: A Meta-analysis of Non-randomized Studies

Reviewer code: 00505502

Science editor: s.x.gou@wjgnet.com

Date sent for review: 2013-04-16 10:25

Date reviewed: 2013-05-02 17:15

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A (Excellent)	<input checked="" 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 checked="" 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	<input type="checkbox"/> Existed	<input checked="" type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)		<input type="checkbox"/> No records	<input type="checkbox"/> Major revision

COMMENTS

COMMENTS TO AUTHORS:

This manuscript is a reliable meta-analysis of non-randomized studies on the impact of overweight on the surgical outcomes for gastric cancer. The authors demonstrated that high BMI did contribute not only to the increment of surgical difficulty and complications, but also to unfavorable prognosis of patients with gastric cancer. This study would be acceptable for publication if authors are able to address the following issue.

1. In this study, high-BMI was defined as BMI ≥ 25 kg/m² based on WHO definitions. However, the general implication of "obese" may differ worldwide. The authors should present "country name" in each study in Figure 2-6.
2. "Tumor stage" is very important for this study. The authors should demonstrate the data on tumor stage in Table 1.
3. Publication bias might influence the result of this meta-analysis. Reports with null results may be regarded favorably during the journal's decision process. This authors should discuss this issue in Discussion session.