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Flat C, 23/F., Lucky Plaza,  
315-321 Lockhart Road,  
Wan Chai, Hong Kong, China

## ESPS Peer-review Report

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

**ESPS Manuscript NO:** 3745

**Title:** Characteristics and prognosis of gastric cancer in patients aged 70 and older

**Reviewer code:** 02441494

**Science editor:** Gou, Su-Xin

**Date sent for review:** 2013-05-20 12:47

**Date reviewed:** 2013-05-20 23:15

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

1.The idea of the manuscript has potential instruction for clinician, ie. the aged gastric cancer patients may not get benefits from chemotherapy. 2.The size of clinical data was big, however they were multivariate. In order to get a reliable conclusion, the authors applied some complicated statics. 3.Is it possible to analyze both PFS and MST? As they are very important when we compare the effectiveness of chemotherapy. 4.There are many grammar errors and unproper English sentences, a few of them being highlighted with red letter. So I would like to advice the authors to get help from a native English speaker.



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## ESPS Peer-review Report

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

**ESPS Manuscript NO:** 3745

**Title:** Characteristics and prognosis of gastric cancer in patients aged 70 and older

**Reviewer code:** 00502831

**Science editor:** Gou, Su-Xin

**Date sent for review:** 2013-05-20 12:47

**Date reviewed:** 2013-05-28 19:13

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 analysed the potential prognostic factors for patients aged 70 and older with gastric cancer. And the authors concluded age >70 was an independent prognostic factor for patients with gastric cancer after gastrectomy, and D1 resection is appropriate and postoperative chemotherapy is possibly unnecessary for elderly patients. I have some questions as bellow. 1)Why did the authors treated 70 and older patients as elderly people ? Recently the population of elderly age patients with gastric cancer has been increasing. Especially, in Japan many of gastric cancer patients are 70 and older. I think many of under 80 age or under 75 age patients are able to be performed D2 resection and postoperative adjuvant with no problem. The author should refer to 80 and older gastric cancer patients. 2)The author should analysis of contents of distant metastasis such as liver metastasis and peritoneal metastasis in elderly age and younger age patients.



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## ESPS Peer-review Report

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

**ESPS Manuscript NO:** 3745

**Title:** Characteristics and prognosis of gastric cancer in patients aged 70 and older

**Reviewer code:** 00503549

**Science editor:** Gou, Su-Xin

**Date sent for review:** 2013-05-20 12:47

**Date reviewed:** 2013-05-29 10:09

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 checked="" type="checkbox"/> Grade B (Very good)	<input type="checkbox"/> Grade B: minor language polishing	<input type="checkbox"/> Existed	<input checked="" 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

Liang Y et al. reported the characteristics and prognosis of gastric cancer in 920 patients who treated in the authors' hospital. The manuscript has been well designed and conducted. The authors especially focused on the characteristics of features of elderly patients (70 years or older). For the elderly patient subset, in comparison with younger patient subsets, distant metastasis was less frequent, the efficacy of adjuvant chemotherapy was less effective, and the benefit of extended lymph-node dissection was unclear. A cancer-specific death rate was almost equal between the elderly subset and the younger subset, but overall mortality was higher in the former patient group. These data are very informative for the planning of strategy to the elderly patients with gastric cancer in China. Therefore, the manuscript is of value in the field of gastric cancer treatment. Minor comments are addressed. 1. The second page in text, they describe that chemotherapeutics consisted of 5-fluorouracil, leucovorin, and oxaliplatin (folfox6). They should cite a reference for this regimen in gastric cancer. In Discussion, the authors mention similarity of the data in the elderly patients between ACTS GC trial using S-1 and the present cohort using folfox6. What the authors argue may be correct, but in retrospective study, always strong bias appears affect on the results: in the atients with >70 years old, chemotherapy might have been performed in the patient population who were of excellent general condition without underlying systemic diseases. It would be of interest if full dose therapy was always performed to these patients. The authors should discuss the benefits of adjuvant chemotherapy for elderly patients with considering such bias. The authors should also cite a representative reference of the randomized clinical trials that established the efficacy of adjuvant foldox6 in gastric cancer. 2. Figures 1 to 3 are somewhat busy. Most of words in the figures could be moved to the legends and could be substituted by symbols or alphabets.