

ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 5687

Title: Analysis of prognostic outcomes of gastric cancer in younger patients: A case control study using propensity score methods

Reviewer code: 00183459

Science editor: Zhai, Huan-Huan

Date sent for review: 2013-09-22 20:23

Date reviewed: 2013-09-23 17:04

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A (Excellent)	<input checked="" type="checkbox"/> Grade A: Priority Publishing	Google Search:	<input checked="" type="checkbox"/> Accept
<input checked="" 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)		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 TO AUTHORS

This an interesti study aimed at analyse the prognostic outcomes of gastric cancer in younger patients compared to older subject using propensity score methods. The manuscript is well eritten and the results are interesting.

ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 5687

Title: Analysis of prognostic outcomes of gastric cancer in younger patients: A case control study using propensity score methods

Reviewer code: 00182538

Science editor: Zhai, Huan-Huan

Date sent for review: 2013-09-22 20:23

Date reviewed: 2013-09-25 19:48

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 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 checked="" 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 TO AUTHORS

The authors characterized the clinicopathological and prognostic features of gastric cancer in the young patients (<40 years old) compared with elder patients using propensity scoring methods. However this clinical study can be more interesting if authors focus on the following concerns. 1) As the authors mentioned, the diffuse type is usually more prevalent in the younger group which usually occupy the two thirds of the stomach or the whole stomach. In Table 1, the gastric cancers in the young patients located at the one third of the stomach except 2 cases (2%) which did not show any significant difference from the elder patient group. The authors should show their speculations about this concern in the Discussion. 2) Table 2 showed that 69 younger patients (70%) underwent over D2 lymphadenectomy. D2 lymphadenectomy is supposed to be sufficient for the regional cancer control. What lymph node stations were removed for over D2 in this study? Couldn't it be too invasive for them? Did the authors have any evidence in which over D2 lymphadenectomy improved the prognosis for the gastric cancer patients? The authors should discuss about this concern. 3) The authors should show the proportion of the patients who underwent adjuvant chemotherapy in the two groups in the Results. Although the authors concluded that carefully curative resection with extensive lymph node dissection improved the prognosis and patient survival, I believe the adjuvant chemotherapy is more likely to extended their survival. Again, do the authors have any evidence in which extensive lymphadenectomy improved the prognosis for the gastric cancer patients? 4) The authors should use age-adjusted survival curves and analysis in Figure 1, because the younger patients without recurrence have a longer survival than those in the elder patients group.

ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 5687

Title: Analysis of prognostic outcomes of gastric cancer in younger patients: A case control study using propensity score methods

Reviewer code: 00503549

Science editor: Zhai, Huan-Huan

Date sent for review: 2013-09-22 20:23

Date reviewed: 2013-10-06 17:39

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 TO AUTHORS

Kim K-H et al. compared patient outcomes between younger group (<40 years old) and older group (≥40 years old) with primary gastric cancer. The method was a case-control study with matched operation data and type of gastrectomy. They concluded younger group tended to higher percentage of females, advanced T factor and advanced clinical stages, poorly differentiated or signet ring cell carcinoma, but the authors concluded that prognosis was not different between younger group and older group. 1. Despite their conclusion, difference in two survival curves, those for younger and older groups, appears relatively large both in overall cases and in the cases with advanced gastric cancer, The risk of death at 5 years after surgery was about 50% higher in younger patients than in older patients overall, and the risk was about 42% higher in younger patients than in older patients in the cases at advanced stages. This reviewer is reluctant to conclude that this kind of large difference could be of no difference. 2. The authors did not show the data of adjuvant chemotherapy. 3. In Abstract, line 12-13, "advanced stage gastric cancer (p = 0.045)" should be "advanced T stage gastric cancer (p = 0.045).

ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 5687

Title: Analysis of prognostic outcomes of gastric cancer in younger patients: A case control study using propensity score methods

Reviewer code: 00183059

Science editor: Zhai, Huan-Huan

Date sent for review: 2013-09-22 20:23

Date reviewed: 2013-10-06 18:38

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 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 checked="" 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 TO AUTHORS

1) In the conclusion section of abstract, author mentioned that extensive lymph node dissection improved the prognosis and patient survival. It is hard to say from this study. 2) In this study, case samples were selected using propensity score. It would be better to refer the previous article about propensity score. In addition, if the author shows clinicopathological feature of the patients in unmatched group (unmatched group, 112 vs 1555), it would be more persuasive. 3) If the author would like to reduce bias in this study, the background of lymph node dissection has to be same. And the author might see more clear difference in prognosis between younger and elder patient's group.