

ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 7223

Title: Should peri-gastrectomy gastric acidity be our focus among gastric cancer patients?

Reviewer code: 02537595

Science editor: Zhai, Huan-Huan

Date sent for review: 2013-11-09 19:36

Date reviewed: 2013-12-01 13:08

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 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 checked="" 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

The authors confirmed that perioperative anti-acid drugs are not required for gastric cancer patients. The manuscript is quite interesting and well written. 1. English editing is required. 2. Abstract-Result: (1) '~higher RDQ (TG vs PG~' -> TG vs. DG, (2) '~GERD-Q scores (TG vs PG~' -> TG vs. DG 3. RESULTS-3.2: (1) '~higher RDQ (TG vs PG~' -> TG vs. DG, (2) '~GERD-Q scores (TG vs PG~' -> TG vs. DG 4. RESULTS-3.4: the order of several values (A vs. B) should be changed like B vs. A 5. Regarding RDQ and GERD-Q, it is important to compare pre- and post-gastrectomy scores instead of one spot score. I recommend the authors would make Table 3 by using the score change (pre- and 6 months post-) instead of 6 months score.

ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 7223

Title: Should peri-gastrectomy gastric acidity be our focus among gastric cancer patients?

Reviewer code: 02528467

Science editor: Zhai, Huan-Huan

Date sent for review: 2013-11-09 19:36

Date reviewed: 2013-12-15 21:26

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 checked="" 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

Although the not a very hot topic it deserves attention and therefor I think can be published in WJG .

ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 7223

Title: Should peri-gastrectomy gastric acidity be our focus among gastric cancer patients?

Reviewer code: 01426893

Science editor: Zhai, Huan-Huan

Date sent for review: 2013-11-09 19:36

Date reviewed: 2013-12-17 17:50

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) Please explain the objective to collect gastrointestinal juice for the first 5 consecutive post-operative days. 2) Please explain if gastrointestinal juice could be collected after total gastrectomy with a method similar to the cases after proximal gastrectomy or distal gastrectomy in apite of no space to pool gastrointestinal juice. Please address if any modifications were needed in the current procedure. 3) A change in gastric emptying from vagus nerve blocking might also contribute to GERD symptoms after gastrectomy. Are there any data to suggest this factor in this study? Irrespective of data availability, please discuss the following point, i.e., a potential change in gastric emptying after the operation. 4) Since GERD might also be associated with hiatus hernia, please address any findings of hernia before/after the operation. 5) Please describe the presence/absence of esophagitis before the operation and 6 months after the operation, if any data are available. 6) Please describe any limitations of this study.