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Flat C, 23/F., Lucky Plaza,  
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Wan Chai, Hong Kong, China

## ESPS Peer-review Report

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

**ESPS Manuscript NO:** 7903

**Title:** Effect of complication grade on survival following curative gastrectomy for carcinoma

**Reviewer code:** 02460503

**Science editor:** Ma, Ya-Juan

**Date sent for review:** 2013-12-06 14:55

**Date reviewed:** 2014-01-05 18:37

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	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

This paper describes the effect of complication grades on long-term survival after gastrectomy for gastric cancer. The title accurately reflects the major topic and contents of the study. The manuscript gives a clear delineation of the research background, objectives, materials and methods, results, discussion and conclusions. Therefore, this paper should be published after revision. Major limitations such as the retrospective design are acknowledged. However, the following issues should carefully be addressed: 1) abstract: methods, line3: please change Grade III in Grade II 2)abstract and main manuscript: "other disease" should be defined 3) abstract conclusion: due to the retrospective character of the study, there is no evidence that the complication grade is an independent risk factor - therefore please change to "...the complication grade might be an independent risk factor ...." 4) abstract: please add on sentence as limitation: Limitation: heterogeneous patient cohorts, limited number of patients with tumor stage UICC I 5) core tip: please change: "... we found that complication rate might be an independent ...." 6) core tip: delete the sentence "Chemotherapy should be used for higher grade to improve the prognosis" 7)Section Introduction: "Most surgeries for gastric cancer involve standard D2 lymph node dissection with curative intent, but it brings an increase in surgical complications simultaneously" - English language polishing! 8) Materials and Methods: section patients: please specify postoperative complications 9)Materials and Methods, section Surgical treatment and perioperative management: the authors wrote: "Postoperative adjuvant chemotherapy was administered according to tumor stage, physical condition and the patient's willingness" - Neoadjuvant chemotherapy is indicated for tumor stage UICC II and higher - why was no neoadjuvant therapy applied? 10)Discussion: the authors wrote "[9]. However, skillful tumor removal does not correspond with long term survival" - This is not true -



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skillfull surgery according to oncological guidelines definitely influences OS, although you are right that tumor recurrence is often the cause of death - please adjust this statement 11) Discussion page 11: minor English spelling mistakes - please correkt "May" in may and Patients in patients 12) please change TNM stage in UICC stage 13) UICC Stage IV: I assume they all were M0? - please comment Stage IV: perforation of serosa or infiltration of neighbor organs - how is R0 resection warranted? - please comment 14) Multivariate analysis: Why does UICC stage I not correlate with OS!?! Possible patient selection bias due to small number of patients with UICC stage I might explain this as only 12, 7 and 4 UICC stage I patients were included to complication grade I, II and III, respectively. This results in patient selection bias. - please add this in the limitations section