

ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 9425

Title: Negative Resection Margin Does Not Affect Local Recurrence and Survival

Reviewer code: 02441722

Science editor: Ma,Na

Date sent for review: 2014-02-13 01:38

Date reviewed: 2014-02-22 11:33

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)	<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

Title: Negative resection margin dose not affect local recurrence and survival. Authors indicate the length of negative resection margin dose not affect local recurrence and survival in the patients with gastric cancer. This manuscript is very interesting and well written. However, I feel there are some problems in this article. (1) There are no statistical significance of local recurrence and survival among 0.5, 1 and 2 cm of the length of negative resection margin of PM or DM in EGC or AGC. Dose the Author recommend that the 0.5 cm of negative resection margin is enough PM in EGC or AGC? Author should clearly indicate the result of this manuscript in Discussion and Conclusion. (2) Title may be changed to “The length of negative resection margin dose not affect local recurrence and survival in the patients with gastric cancer.” (3) Author should indicate the cut off value of the clinicopathological factors, especially “Proximal Margin” and “Distal Margin”, in Table 4, 5 and 8. (4) The number of Table is many. Author should reduce the number of Table, if possible.

ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 9425

Title: Negative Resection Margin Does Not Affect Local Recurrence and Survival

Reviewer code: 02536443

Science editor: Ma,Na

Date sent for review: 2014-02-13 01:38

Date reviewed: 2014-02-28 11:11

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 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	<input checked="" type="checkbox"/> Major revision

COMMENTS TO AUTHORS

Comments on MNO: 9425 This manuscript deals with the correlation between the resection margin and prognosis. This seems to be an important issue for surgeons who engage in the treatment of gastric cancer. Authors reached to the conclusion that the negative resection margin does not affect local recurrence and survival. However, this conclusion must be carefully interpreted when disseminated to ordinary surgeons. Authors belong to a high volume hospital with high quality surgery, and the subjected group possibly includes no or few cases of positive resection margin. If in case, the material is too clean to elucidate the importance of negative resection margin, and their conclusion might mislead ordinary readers to pay no attention to the resection margin. Authors are recommended to revise carefully their manuscript in order to avoid misunderstanding. Major points: 1. Please characterize their subject in terms of resection margin as shown in Table 1. Beside mean +-SD, add minimum and maximum resection margin, or case distribution according to the subgroups (0.5 - 1.0 - 2.0cm). These data clearly show whether the subjected materials include positive resection margin. 2. Local recurrence was observed in 0.6% of EGC, and 3.7% of AGC. Does the local recurrence include stump recurrence? Please show the details of local recurrence. Sophisticated statistical method based on P-value does not always give right answers 3. Proper interpretation should be reflected in "DISCUSSION". 4. Title of the manuscript should be modified properly. Minor points: 1. Number of tables is too much. Please make them concise to 4 - 5 tables. PS: Authors are advised to re-write the manuscript to stress the clinical importance of IFSE to clear the surgical resection margin.

ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 9425

Title: Negative Resection Margin Does Not Affect Local Recurrence and Survival

Reviewer code: 02445576

Science editor: Ma,Na

Date sent for review: 2014-02-13 01:38

Date reviewed: 2014-03-18 04:31

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

This is a large retrospective review, of over 1700 patients with gastric cancer treated at a high volume single institution. The authors attempt to investigate the distance of resection margins from the primary tumor and correlate that with outcome. They attempt to address the controversy of the necessary length of adequate proximal and distal margins in gastric cancer. Although for advanced gastric cancer, resections are often based on adequacy of margins, but as well to lymph node stations. The importance of addressing margins becomes more paramount in patients with early gastric cancers who do not require extensive resections may even be amenable to nonanatomical resections. However, this kind of population of the gastric cancer is not often seen in western countries. I have several questions and comments as below: 1. In the methods section, it would be useful for the authors to define the difference between early gastric cancer and advanced cancer groups, or at least how they defined it in their patient population. 2. I believe that Table 2, Table 3, Table 6 and 7 could somehow be condensed into one table. Furthermore, it would be useful in the results section to know the actual denominator of patients who had those close margins i.e. 0.5 cm, 1 cm and 2 cm. 3. In Table 4 and 5, the words proximal resection margin and distal resection margin, I am unclear as to what they are referring to; if this is positive margins, negative margins, or close margins (this needs to be clarified).