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8226 Regency Drive, Pleasanton, CA 94588, United States

Telephone: +1-925-223-8242 Fax: +1-925-223-8243

E-mail: bpgoffice@wjgnet.com http://www.wjgnet.com

ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 6827

Title: Metachronous gastric cancer after successful Helicobacter pylori eradication

Reviewer code: 02536104

Science editor: Cui, Xue-Mei

Date sent for review: 2013-10-29 20:40

Date reviewed: 2013-12-09 19:18

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

This review paper deals with the metachronous stomach cancer after Helicobacter pylori eradication. There are no ambiguous points.



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ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 6827

Title: Metachronous gastric cancer after successful Helicobacter pylori eradication

Reviewer code: 00009797

Science editor: Cui, Xue-Mei

Date sent for review: 2013-10-29 20:40

Date reviewed: 2013-12-17 04:26

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 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 review addresses current understanding of the role of H. pylori and its eradication on the incidence and treatment options for metachronous gastric cancer (MGC) after endoscopic therapy of early gastric cancer. An introductory section stresses the value in the diagnosis and management of early gastric cancers of endoscopic methods to remove premalignant and superficial malignant lesions, points out that chronic gastric atrophy in patients with early gastric cancer may predispose to post-interventional incidence of metachronous lesions, and identifies H. pylori eradication as playing a role in reduction of risk of developing metachronous lesions. Succeeding sections review H. pylori as an etiologic agent in gastric cancer by virtue of induction of atrophic gastritis, pepsinogen and microRNAs as serum markers for gastric cancer risk assessment, the effect of H. pylori eradication on cancer incidence, specifically the degree to which H. pylori-induced gastric atrophy at the time of eradication determines prognosis, the cumulative incidence of MGC after eradication, stressing that those diagnosed and treated for early gastric cancer are at highest risk, with H. pylori having putatively ameliorative effects. The final section reviews predictive factors for MGC after H. pylori eradication, and concludes that further studies are needed to refine markers for risk stratification after H. pylori eradication, and to establish whether adjuvant therapy would impact risk.

General Comments The review is without question an important contribution to understanding of the etiology of gastric cancer, the role of H. pylori in this etiology, and the limitations of eradication when a certain threshold of development of atrophic gastritis has been crossed. The importance of establishing dependable markers of this development, as indicators of MGC risk following H. pylori eradication, provides critical guidance for optimal surveillance and therapeutic intervention. The



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discussion is clearly presented and highly informative, and does not raise any ethical issues. Specific Comments The title accurately reflects the major topic and contents of the review, as does the abstract. The references are focused on the issues discussed, and the single Table provides an efficient overview of relevant studies. References #7, 48, 53, and 67 need to be updated. As a review, the manuscript draws attention to an unmet clinical need, ie, the optimal approach to treatment of early gastric cancers, and the detailed histological and biochemical considerations that relate to the extent of H. pylori-induced atrophic gastritis, and the presence and degree to which pepsinogen and microRNA markers serve as risk stratifiers. Very minor errors of grammatical usage, most probably just typographical errors, can be readily corrected.