

ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 6793

Title: Postoperative Adjuvant Chemoradiotherapy in D2-dissected Gastric cancer: Is Radiotherapy Necessary after D2-Dissection?

Reviewer code: 02440537

Science editor: Cui, Xue-Mei

Date sent for review: 2013-10-30 07:45

Date reviewed: 2013-12-04 06:40

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)	<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

The review is interesting Minor points: Change this sentence in the abstract. Add data. "The present paper is a review and discussion of recent studies addressing these fields. Well-designed prospective randomized studies are needed to clearly define the role of adjuvant CRT in D2-dissected gastric cancer, however future clinical studies should also focus on answering these questions." Remove numbers (1) ARTIST Trial, Korea or (2) NCC Trial, Korea or (3) Multicenter IMRT Trial, China That is correct. D2-dissected gastric cancer survival is equal to D1?

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Title: Postoperative Adjuvant Chemoradiotherapy in D2-dissected Gastric cancer: Is Radiotherapy Necessary after D2-Dissection?

Reviewer code: 02446029

Science editor: Cui, Xue-Mei

Date sent for review: 2013-10-30 07:45

Date reviewed: 2013-12-05 00:10

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 study of the literature and review of D2-dissection for gastric cancer. The investigators discussed control trials in Korea and China and look at the modification of radiotherapy technique and target volumes based on clinical evaluation. The abstract does not describe current recommendations, but is a review of selected studies. The manuscript needs some attention to detail and more data. Specific Comments: Abstract: The abstract gives no recommendations and does not comment on the validity or invalidity of any specific trial. Introduction: The introduction fails to describe the importance of the study. What is the question to be asked? What are the reviews? Rather than looking at the "current status", a thoughtful review should evaluate what is currently done, and what the recommendations will be for the future, and most importantly, what the research focus should be for the future. The rationale for adjuvant radiotherapy sectioning of gastric cancer is brief and should be expanded to over a page and a half since this has been the focus of studies for three decades. The studies of lymph node dissection are limited. Rather than describe a "Dutch trial", the authors names should be indicated and this described in detail either in paradigm, a figure, or more details than simply an entry on a table. The studies of adjuvant CRT should be separated from studies of adjuvant chemotherapy and adjuvant radiotherapy. The two modalities should be separated. The sections on outcomes regarding the ARTIST trial and the NCC trial should be compared to multi-center trials. The discussion of the trials is misplaced as it is on page 9 before the discussion of local regional recurrence. The manuscript is out of order. All of the discussions should be maintained to the end. The conclusion section does not recommend a logic for either including or excluding radiotherapy. The description of the text is disjointed and out of



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order. Figures are needed to describe the clinical trials. More thoughtful analysis and a literature search should be carried out. There are relatively few discussions of trials in the United States, and few in Europe.

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Title: Postoperative Adjuvant Chemoradiotherapy in D2-dissected Gastric cancer: Is Radiotherapy Necessary after D2-Dissection?

Reviewer code: 02562354

Science editor: Cui, Xue-Mei

Date sent for review: 2013-10-30 07:45

Date reviewed: 2013-12-05 07:27

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 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 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	<input type="checkbox"/> Existed	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)		<input type="checkbox"/> No records	<input type="checkbox"/> Major revision

COMMENTS TO AUTHORS

This interesting review adequately answer the question whether radiation is necessary after D2-dissection. In my opinion the quality of the manuscript would improve adding the outcomes of some of the trials described. For instance, in page 5 (Rationale for adjuvant radiotherapy in Gastric cancer), the update data after 10-y of follow up of SWOG/INT-0116 should be added. In the Multicenter IMRT trial (China), a significant DFS is obtained. However, there is no mention about the specific benefit.