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ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 10161

Title: Laparoscopic versus open gastrectomy with D2 lymph node dissection for locally advanced gastric cancer: a meta-analysis

Reviewer code: 02549231

Science editor: Su-Xin Gou

Date sent for review: 2014-03-17 16:53

Date reviewed: 2014-03-21 02:21

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 type="checkbox"/> Grade C (Good)	<input type="checkbox"/> Grade C: a great deal of language polishing	<input type="checkbox"/> No records	<input checked="" type="checkbox"/> Rejection
<input type="checkbox"/> Grade D (Fair)	<input type="checkbox"/> Grade D: rejected	BPG Search:	<input type="checkbox"/> Minor revision
<input checked="" type="checkbox"/> Grade E (Poor)		<input type="checkbox"/> Existed	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

COMMENTS TO AUTHORS

The main problem with the paper is that some relevant data are based on a fraction of the 14 papers object of the meta analysis: - 4/14 for 3 years disease free interval - 3/14 for 5 years disease free interval - 3/14 for 5 years survival. The conclusion that the long term prognosis after the lap procedure is comparable to the open one may not be sustainable. In addition to the limitations denounced by the AA most important is the "operative technique heterogeneity" which introduces an uncontrollable factor.



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ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 10161

Title: Laparoscopic versus open gastrectomy with D2 lymph node dissection for locally advanced gastric cancer: a meta-analysis

Reviewer code: 00068211

Science editor: Su-Xin Gou

Date sent for review: 2014-03-17 16:53

Date reviewed: 2014-03-23 22:23

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

This metaanalysis of 14 articles comparing LGD2 with OGD2 for AGC shows clearly that Although LGD2 is a technically demanding and time-consuming procedure, it is a safe, feasible alternative to OGD2 for locally AGC, with lower overall morbidity, enhanced postoperative recovery, and comparable oncological outcomes. The paper is well organized and structured, keeps the focus on important details and draws the right conclusion from the data presented. Therefore the paper is very important and should be published in his current form.



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ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 10161

Title: Laparoscopic versus open gastrectomy with D2 lymph node dissection for locally advanced gastric cancer: a meta-analysis

Reviewer code: 00925786

Science editor: Su-Xin Gou

Date sent for review: 2014-03-17 16:53

Date reviewed: 2014-03-25 17:34

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 checked="" type="checkbox"/> Rejection
<input type="checkbox"/> Grade D (Fair)	<input type="checkbox"/> Grade D: rejected	BPG Search:	<input checked="" 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

Laparoscopic gastrectomy in early gastric cancer already has been demonstrated stability and effectiveness. Recently, increased interest in the safety and efficacy of laparoscopic gastrcetomy for advanced gastric cancer. Recently, some paper reported that there was no statistical difference in overall survival and disease-free survival between laparoscopic gastrectomy and open gastrectomy. In addition, there are large-scale RCTs is ongoing for two group and this paper don't have something new factor. More than all, predictable conclusion is disappointed



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ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 10161

Title: Laparoscopic versus open gastrectomy with D2 lymph node dissection for locally advanced gastric cancer: a meta-analysis

Reviewer code: 02537595

Science editor: Su-Xin Gou

Date sent for review: 2014-03-17 16:53

Date reviewed: 2014-03-31 22:36

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

COMMENTS TO AUTHORS

First of all, I celebrate your well-designed study. It was impressed that postoperative complications were analyzed in detail. It made your article differentiated from other studies. However, supplementary explanation about characteristics of included trials and more detailed results of surgical outcomes and survivals could be needed. 1. Could you show the ratio of stage IB cancer, adjuvant chemotherapy, and reconstruction type of included trials? That will help to give homogeneity to the studies. 2. It will be better that you suggest sub-divided complication rates into surgical extentions (disital gastrectomy/ proximal gastrectomy/ total gastrectomy). 3. The survivals also could be subdivided into stages.