



ESPS PEER REVIEW REPORT

Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 11562

Title: Current status of function-preserving surgery for gastric cancer

Reviewer code: 01438559

Science editor: Ya-Juan Ma

Date sent for review: 2014-05-31 16:38

Date reviewed: 2014-06-03 15:13

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"/> Existing	<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"/> Existing	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

COMMENTS TO AUTHORS

I enjoyed reading this well written review of function preserving gastrectomy. The indication, oncological safety and postoperative symptomatic outcome have been described in detail. I only have a few comments. 1. Page6, first paragraph, line3 and line 5, could you describe the exact number for the incidence of lymph node metastasis from earlier studies, for example, 0.45% to 0.45% (1/220)? Because, these are data from single centers and limited number of patients. 2. The merit of PPG over DG sounds a little weak from the present form. Are there other merits than the promotion of body weight? 3. For aged patients, those with hiatus hernia, esophagitis, PPG may not be suitable, could you make a comment in the paragraph of "postoperative symptomatic outcomes...". 4. Page 8, 3rd paragraph, line2, "PG is performed patients" should be "PG is performed in patients". 5. Is there a indication related to age for PG? 6. Because the indication for PPG or PG is strictly indicated for lesions with a diagnosis of cT1N0M0, is there any data how much of patients who underwent PPG or PG had pT1N0M0 or advanced stages. 7. PPG or PG have been performed by laparoscopic surgery also. Could you make a brief comment with comparison to open surgery.



BAISHIDENG PUBLISHING GROUP INC

8226 Regency Drive, Pleasanton, CA 94588, USA

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: 11562

Title: Current status of function-preserving surgery for gastric cancer

Reviewer code: 00160226

Science editor: Ya-Juan Ma

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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"/> Existing	<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"/> Rejection
<input type="checkbox"/> Grade E: Poor		<input type="checkbox"/> Existing	<input checked="" type="checkbox"/> Minor revision
		<input type="checkbox"/> No records	<input type="checkbox"/> Major revision

COMMENTS TO AUTHORS

The authors have performed a review in the current status of function-preserving surgery for gastric cancer. Overall the article is well written. Pls explain more on DT reconstruction as most readers will not have heard of the procedure Pls kindly add some figures for easier understand of the various surgical procedures Figure 1: The extent of LN dissection in PPDG and PG Figure 2: Methods of reconstruction after PG (EG, JI, DT)



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8226 Regency Drive, Pleasanton, CA 94588, USA

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: 11562

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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"/> Existing	<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"/> Existing	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

COMMENTS TO AUTHORS

It is well written and well organize manuscript and discribe well about current status of functional preserving surgery for gastric cancer. It should be good for acceptance and publication for WJG.



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Fax: +1-925-223-8243

E-mail: bpgoffice@wjgnet.com

http://www.wjgnet.com

ESPS PEER REVIEW REPORT

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<input type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> Existing	<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"/> Existing	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

COMMENTS TO AUTHORS

This manuscript is well written review regarding function-preserving surgery for gastric cancer. However, I still have a few comments. One of the reason why these function-preserving surgeries has not become standard surgery in Japan is because of time consuming surgery. It may be difficult to figure out cost effectiveness of these surgeries. However, authors should at least describe about it. It is interesting to compare reconstruction methods after PG. So, it may be helpful to make a table showing comparison among methods after PG. Is it true that "Function-preserving surgery is already widely performed" in Conclusion? In reviewer understanding, Function-preserving surgery is very useful but is not so widely performed in Japan. Do authors have any data for it?