

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 15033

Title: Discrepancies in the histological type between biopsy and resected specimens; a cautionary note for mixed-type gastric carcinoma

Reviewer's code: 02445033

Reviewer's country: Spain

Science editor: Yuan Qi

Date sent for review: 2014-11-05 13:28

Date reviewed: 2014-11-19 18:41

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	PubMed Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<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"/> Duplicate publication	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input type="checkbox"/> Plagiarism	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Major revision
		BPG Search:	
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

COMMENTS TO AUTHORS

INTRODUCTION The studie's objective becomes clearer when reading the discussion than when reading the introduction. Perhaps the authors should re-write the objectives paragraph

METHODS

- The retrospective design of the studie should be specified.
- The reader gets confused about the groups for comparison when reading this section. There are many "groups" described, but statistical analysis is only performed on the "controversy yes/no" groups. However, when you first read this section you are initially expecting a direct comparison between biopsy and resection groups.

RESULTS

- In the "Distribution of each histological type in the JCGC and TNM classification" paragraph, the described data correspond to the final diagnosis bases on respected specimens. However this is not so clear when reading the text.
- In the "Comparison of each discrepancy" paragraph, the final sentence shows a 0.4 % (1 of 213 cases), but in table 2 that percentage is 0.5%. The latter is the correct one and it should be corrected in the text.

DISCUSSION

- In the third paragraph, third line it says: "29 (14.8%) of 195 specimens", but both in the results section and in table 1 it shows 28 (14.4%) of 195 specimens.
- The authors state that "the accuracy of the histological type is

apparently inferior to that of the final diagnosis from respected specimens". Why not performing an analysis of sensitivity, specificity and overall accuracy?. - Some aspects from the author's comment on mixed-type cancer may be a bit confusing for the reader. First, they state that "it is not difficult for the pathologist to diagnose whether biopsy specimens include histological mixed type gastric cancer". But from their data you can see that 38% of pure D tumours and 35% of pure U were finally classified as mixed type. Second, they also say that "mixed type may be a better indicative for limited treatments" (D11 lymphadenopathy following Japanese guidelines, as it is stated in the introduction, but also D1+ recommended for undifferentiated tumours in the same guidelines). But following the authors "These results indicate that the presence of the histological mixed-type itself could present malignant clinical behaviors". Therefore, it would seem logical to perform a standard D2 lymphadenectomy when a mixed type is diagnosed. In fact there is no recurrence in this series because all patients underwent a complete gastrectomy with radical lymphadenectomy irrespective of their stage (methods section)

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ESPS manuscript NO: 15033

Title: Discrepancies in the histological type between biopsy and resected specimens; a cautionary note for mixed-type gastric carcinoma

Reviewer's code: 02441737

Reviewer's country: Mexico

Science editor: Yuan Qi

Date sent for review: 2014-11-05 13:28

Date reviewed: 2014-11-21 05:11

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	PubMed Search:	<input type="checkbox"/> Accept
<input checked="" type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C: Good		<input type="checkbox"/> Duplicate publication	
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<input type="checkbox"/> Grade E: Poor		<input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Minor revision
	<input type="checkbox"/> Grade D: Rejected	BPG Search:	<input type="checkbox"/> Major revision
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

COMMENTS TO AUTHORS

Comments to the manuscript entitled: Discrepancies in the histological type between biopsy and resected specimens; a cautionary note for mixed-type gastric carcinoma From the authors: Shuhei Komatsu, et al. The manuscript is properly presented and discussed the incidence of discrepancies and associated factors, with special reference to pathological definitions by the Japanese classification of gastric carcinoma (JCGC) and TNM classification. Comments It is an article of great importance because the incidence of gastric cancer is increasing worldwide. Another reason that supports the conclusions of this study is the large sample size of 376 paired samples from gastric biopsy and resected specimens, derived from curative gastrectomy for gastric cancer. Because the researchers note that the incidence of mixed-type gastric cancer was significantly higher in specimens with discrepancies than in those without in both the JCGC ($p < 0.0001$) and TNM ($p < 0.0001$); 93.2 % (41/44) specimens with discrepancies in the JCGC and 97.1% (66/68) specimens with discrepancies in TNM were mixed-type gastric cancers. It is important that researchers indicate the name of the Ethics Committee approved the study and that the patients were treated according to the provisions

of the Helsinki criteria to conduct research involving human subjects. It is recommended that the authors write down the number of biopsy specimens were reviewed by pathologists from other hospitals and if they followed the same procedures established by the original protocol. If it is possible the authors should explain in more detail the differences in histological type classifications of mixed-type gastric cancer, both in the case of classification JCGC and TNM classification (see page 6, second paragraph, lines 5-7). In the statistical analysis of the data, it is recommended to the researchers (if possible) carrying out tests of sensitivity and specificity, predictive values, Relative Risk or Odds Ratio in order to determine the probability of presenting gastric cancer associated with certain histological factor consider the two classifications JCGC and TNM. The authors could also consider conducting logistic regression analysis to identify predictor's factors of mixed-type gastric cancer, both in the case of classification JCGC and TNM. In Tables 1 to 3, it is advisable to record the results in absolute and relative values. Please write down a title in all tables, the Ji2 results and the "p" values. Also write down at the foot of the tables the meaning of the acronyms used. Table 4 needs a title and a foot of the table the meaning of the acronyms used. Note the meaning of the acronyms that are used throughout the manuscript.