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ESPS PEER REVIEW REPORT

Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 14741

Title: The prognostic value and clinical correlations of 18-fluorodeoxyglucose

metabolism quantifiers in gastric cancer.

Reviewer code: 02548806 Science editor: Yuan Qi

Date sent for review: 2014-10-27 19:14

Date reviewed: 2014-10-30 06:12

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
[] Grade A: Excellent	[] Grade A: Priority publishing	Google Search:	[] Accept
[Y] Grade B: Very good	[Y] Grade B: Minor language polishing	[] Existing	[] High priority for
[] Grade C: Good	[] Grade C: A great deal of	[] No records	publication
[] Grade D: Fair	language polishing	BPG Search:	[] Rejection
[] Grade E: Poor	[] Grade D: Rejected	[] Existing	[Y] Minor revision
		[] No records	[] Major revision

COMMENTS TO AUTHORS

Abstract: The result subsection of the abstract should be shortened



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ESPS PEER REVIEW REPORT

Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 14741

Title: The prognostic value and clinical correlations of 18-fluorodeoxyglucose

metabolism quantifiers in gastric cancer.

Reviewer code: 00061154 Science editor: Yuan Qi

Date sent for review: 2014-10-27 19:14

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CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
[] Grade A: Excellent	[] Grade A: Priority publishing	Google Search:	[] Accept
[Y] Grade B: Very good	[Y] Grade B: Minor language polishing	[] Existing	[] High priority for
[] Grade C: Good	[] Grade C: A great deal of	[] No records	publication
[] Grade D: Fair	language polishing	BPG Search:	[] Rejection
[] Grade E: Poor	[] Grade D: Rejected	[] Existing	[Y] Minor revision
		[] No records	[] Major revision

COMMENTS TO AUTHORS

This is an excellent paper. However, there are far too many "the"s. I have taken the liberty of deleting some without interfering with the integrity of your paper. Do not give the first author's name when citing a reference because it is distracting. Only use the reference number. Captions do not require full sentences. I have asked a few questions.



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ESPS PEER REVIEW REPORT

Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 14741

Title: The prognostic value and clinical correlations of 18-fluorodeoxyglucose

metabolism quantifiers in gastric cancer.

Reviewer code: 00042490 Science editor: Yuan Qi

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CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
[] Grade A: Excellent	[] Grade A: Priority publishing	Google Search:	[] Accept
[] Grade B: Very good	[Y] Grade B: Minor language polishing	[] Existing	[] High priority for
[] Grade C: Good	[] Grade C: A great deal of	[] No records	publication
[Y] Grade D: Fair	language polishing	BPG Search:	[Y] Rejection
[] Grade E: Poor	[] Grade D: Rejected	[] Existing	[] Minor revision
		[] No records	[] Major revision
			!

COMMENTS TO AUTHORS

The major problems of this study were two. 1. Patients enrolled were divided into two subgroups. One was with locoregional disease (n=23) and the other was with tumor dissemination (n=17). Outcomes measure used in this study were time-to-metastasis and overall survival. I have at least two concerns. First, for those with tumor dissemination, how to calculate "time-to-metastasis" in those already had disseminated disease? Second, how to confirm the event of "tumor dissemination into distant organ"? There is no wonder why there is no any information regarding "time-to-metastasis" and only had "overall survival" data in this study. 2.As we all know that outcomes of gastric cancer patients were much worse in those with disease dissemination than with locoregional disease alone. In this study, table 3 showed that almost all the metabolic quantifiers, including TLG30 (p=0.018), were significantly higher in those with disseminated disease than with locoregional alone. Therefore, it was not surprised that TLG30 with cutoff value of 319.4 cm3 showed significant predictor for overall survival. I wonder whether or not most of the gastric cancer patients with disease dissemination were located in the subgroup of TLG30>319.4 cm3? If so, what was the major reason for poor outcomes, TLG or disease dissemination? To clarify the above two questions, I suggest authors to delete 17 disseminated cases, keeping the original two end points to analyze these 23 locoregional cases again to see whether or not TLG still is an independent prognosticator.