

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 16003

Title: Clinicopathologic Features of Remnant Gastric Cancer Following Distal Gastrectomy for Cancer Correlate with Time Intervals

Reviewer's code: 03031179

Reviewer's country: Japan

Science editor: Yuan Qi

Date sent for review: 2014-12-21 11:39

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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 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"/> 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		[Y] No	<input type="checkbox"/> Major revision
		BPG Search:	
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		[Y] No	

COMMENTS TO AUTHORS

This article is an important paper about clinicopathologic features of remnant gastric cancer (RGC). Original point of this paper is the comparison of RGC with time interval of >2 and 10≤ years after prior gastrectomy for gastric cancers. However, several questions for authors are remained. 1. From your data, long term bilious exposure owing to B-II reconstruction can occur RGC in RGC II. Do you have any data of anastomotic dysplasia or gene array to emphasize your affirmation? 2. In RGC I, there are too many early re-oncogenesis after prior gastrectomy. If you excuse this result as only background mucosal change, it is not reasonable (Because intensive follow-up must be conducted within 5-years after gastrectomy). You have to mention about it. 3. According to non-anastomotic re-oncogenesis of RGC I, you suggest that the development of RGC I are likely to be due to residual carcinomas ignored at initial operation. Viewed in this way, it is doubtful of the quality of prior operation (plenty lymphadenectomy and safe margin); hence you have to present the results of detail of prior operations and histopathological characteristics.

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Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 16003

Title: Clinicopathologic Features of Remnant Gastric Cancer Following Distal Gastrectomy for Cancer Correlate with Time Intervals

Reviewer's code: 02977393

Reviewer's country: China

Science editor: Yuan Qi

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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 checked="" type="checkbox"/> Plagiarism	<input checked="" type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		[Y] No	<input type="checkbox"/> Major revision
		BPG Search:	
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		[Y] No	

COMMENTS TO AUTHORS

The study is done carefully. Can you explain these two question as described bellows. 1) "Nevertheless, we consider that there maybe some differences in clinical pathology and prognosis between the RGC patients with a recurrence interval shorter than 10 years and those longer than 10 years."The authors should check and explain it. Why they choose 10 years? 2) From table 3, we can see the predominant reconstruction type of the first operation is Billroth I for RGC I and Billroth II for RGC II. But there were 20 (60.6%) patients whose tumor stage of the initial cancer were III or IV stage in the RGC I subgroup. While only 3 (22.7%) of RGC II cases got III or IV stage initial cancer. Significant difference was observed between the two groups (60.6% vs. 22.7%, P=0.006). The authors should check and explain it.