



ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 14948

Title: Postoperative risk in radical gastrectomy underlying heart disease: A multicenter retrospective clinical trial

Reviewer's code: 01503696

Reviewer's country: Japan

Science editor: Ya-Juan Ma

Date sent for review: 2014-11-03 08:26

Date reviewed: 2014-11-19 15:00

Table with 4 columns: CLASSIFICATION, LANGUAGE EVALUATION, SCIENTIFIC MISCONDUCT, CONCLUSION. It contains checkboxes for various evaluation criteria like 'Grade A: Excellent', 'Duplicate publication', 'Plagiarism', etc.

COMMENTS TO AUTHORS

The authors evaluated postoperative risk after radical gastrectomy underlying heart disease from a multicenter retrospective data. It is unclear whether the data is consecutive or selected one. If non-consecutive retrospective study, the result is unreliable even though the sample size was large because selection criteria are unclear. Major comments 1. It is unclear why the authors select four heart diseases- namely, MI, Angina, HF, and AF. The authors need to describe the rational why the authors select these four heart diseases. 2. In the method section, the author should more describe the inclusion criteria and exclusion criteria of the present study. 3. Each category of angina, AF, HF, and MI are not overlapped in the present study, according to the table. This is strange. Some of heart disease must overlap each other. How did the authors treat the patients with two or more heart disease? 4. In the method section, the authors need to describe the surgical procedures in detail, which affect the results. 5. In the results section, please show the co morbidity before surgery of the present study patients. Are there any differences between the MI, Angina, HF, and AF group? 6. In the discussion section, the authors should more discuss about the relation with



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abdominal abscess and MI.



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ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 14948

Title: Postoperative risk in radical gastrectomy underlying heart disease: A multicenter retrospective clinical trial

Reviewer's code: 00044980

Reviewer's country: Japan

Science editor: Ya-Juan Ma

Date sent for review: 2014-11-03 08:26

Date reviewed: 2014-11-18 00:06

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

COMMENTS TO AUTHORS

This manuscript shows postoperative risk in gastrectomy with heart diseases. A lot of cases were enrolled in the multicenter, and there are several novelties. I have some of comments described as follows. 1. Authors examined the cases with heart diseases. MI or AF sometimes cause HF. Did some cases with a heart disease have another heart diseases in this study? 2. Authors should mention the follow-up period. 3. Authors should mention approval by the institutional review board and informed consent. 4. Did the myocardial infarction include an acute myocardial infarction in this study?



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ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 14948

Title: Postoperative risk in radical gastrectomy underlying heart disease: A multicenter retrospective clinical trial

Reviewer's code: 00070823

Reviewer's country: China

Science editor: Ya-Juan Ma

Date sent for review: 2014-11-03 08:26

Date reviewed: 2014-11-05 21:41

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 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"/> Duplicate publication	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		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

This manuscript retrospectively analyzed the risk of heart disease impact on the complication and prognosis of gastric cancer after surgery. I think that authors provided the solid cases of heart disease patients with gastric cancer for the elaborate description.

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 14948

Title: Postoperative risk in radical gastrectomy underlying heart disease: A multicenter retrospective clinical trial

Reviewer's code: 00925786

Reviewer's country: South Korea

Science editor: Ya-Juan Ma

Date sent for review: 2014-11-03 08:26

Date reviewed: 2014-12-01 14:52

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input checked="" 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 checked="" type="checkbox"/> No	<input type="checkbox"/> Minor revision
<input checked="" type="checkbox"/> Grade E: Poor		BPG Search:	<input checked="" 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

1. Authors excluded many other types of heart disease. Therefore title should be changed. This study cannot show the postoperative risk of all patients with heart disease. 2. In this study, one patient has only one type of heart disease. This is very strange. Aren't there really any patients with more than two types of heart disease, among 15,167 cases underwent gastrectomy? If any other patients don't have more than two types of heart disease, this study group is a very specific group which doesn't reflect parent population. 3. The kinds of heart disease are important. However, there are many important factors in the patients with heart disease: severity (functional status: ejection fraction, blood pressure, heart rates etc.), the duration between events and operation, preoperative medication: necessity and kinds, cessation period of medication before operation, re-start date of medication after operation, etc. These factors (confounding variables) can affect the postoperative bleeding, cardiac problem, and postoperative recovery. These important factors should be analyzed such like the kinds of heart disease. 4. When high risk might be expected, surgeons sometimes reduce the extent of operation: the extent of lymph node dissection, combined



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resection, and so forth. What is the indication of D1 lymph node dissection? Please discuss the bias of the surgeons' decision when they expect the high risk because of patients' heart disease.



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ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 14948

Title: Postoperative risk in radical gastrectomy underlying heart disease: A multicenter retrospective clinical trial

Reviewer's code: 02537577

Reviewer's country: Taiwan

Science editor: Ya-Juan Ma

Date sent for review: 2014-11-03 08:26

Date reviewed: 2014-11-26 11:44

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input checked="" type="checkbox"/> Grade A: Priority publishing	PubMed 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"/> 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 checked="" type="checkbox"/> No	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		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

This is a well written manuscript with reasonable results. The authors evaluate the morbidity and mortality differences between 4 underlying heart diseases—namely, myocardial infarction (MI), angina pectoris (Angina), heart failure (HF), and atrial fibrillation (AF)—after radical surgery for gastric cancer. They conclude that MI patients had a higher risk of morbidity and HF patients had a higher risk of postoperative cardiac problems than patients with Angina and AF.