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ESPS PEER REVIEW REPORT

Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 11037

Title: Improvement of Diabetes and Hypertension after Gastrectomy in Gastric Cancer Patients: A Nationwide Cohort Study

Reviewer code: 00728635

Science editor: Su-Xin Gou

Date sent for review: 2014-05-02 11:56

Date reviewed: 2014-05-06 01:48

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 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 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

the current study is a well designed retrospective cohort worth to be published



ESPS PEER REVIEW REPORT

Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 11037

Title: Improvement of Diabetes and Hypertension after Gastrectomy in Gastric Cancer Patients: A Nationwide Cohort Study

Reviewer code: 00611279

Science editor: Su-Xin Gou

Date sent for review: 2014-05-02 11:56

Date reviewed: 2014-06-04 04:35

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"/> 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

Overall, this article provide important findings that total gastrectomy (TG) is associated with more frequently and earlier drug discontinuation for gastric cancer patients with DM. However, there are a number of issues need to be clarified by the authors. Specifically: 1. Did the selection of surgery strategy dependent on the severity of DM or HTN (i.e. patients with more severe DM or HTN may be more likely to undergo STG or ER than TG)? 2. The author stated that BMI information is not available. How is non-obese assessed in this study? No description of this was made in the methods section. 3. The multivariate analyses only adjusted for sex, age, and coexistence of each disease. Are there any information on severity of DM or HTN in the dataset? Any efforts made to control for the baseline status of DM/HTN? 4. Abstract: The abbreviation "DM" and "HTN" should be defined at the first use. 5. Introduction: What is the prevalence or incidence of DM and HTN among gastric cancer patients? 6. Methods: What is the rationale to randomly sample 100,000 subjects for each disease? Why not include all patients with DM/HTN in 2004? Since only 360 diabetic and 351 hypertensive patients were finally included. 7. Methods: The definition of early stage is ambiguous: what stage at diagnosis were included? Stage 0 and Stage I? Was the information of stage at diagnosis available from the dataset? 8. Results: Consider to put the number of excluded subjects in the section of study population instead of the methods section.

ESPS PEER REVIEW REPORT

Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 11037

Title: Improvement of Diabetes and Hypertension after Gastrectomy in Gastric Cancer Patients: A Nationwide Cohort Study

Reviewer code: 00503482

Science editor: Su-Xin Gou

Date sent for review: 2014-05-02 11:56

Date reviewed: 2014-06-08 18:44

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

Dear Editor, I have completed review of the manuscript entitled "Long term outcome of Diabetes and Hypertension after Gastrectomy in Gastric Cancer Patients: A Nationwide Cohort Study". The manuscript describes the favorable effects of total gastrectomy on decreasing the need for antidiabetic medications of non-obese diabetic patients. As the favorable effects of total gastrectomy on obese diabetic patients are well-predictable, the point making the paper interesting that the study consisted of non-obese patients. However, some points need some clarifications and revisions: Abstract: Conclusion: The term "general population" can be misleading, as the population consists of patients with gastric patients. The same issue arises in the discussion part for a few more times. Abstract: Conclusion: The authors concluded that "TG was found to improve glycemic control to a greater extent than either ER or STG in non-obese general population". This is also mentioned in the conclusion of the main text. As the authors have no blood glucose levels or HbA1c levels for comparison, they cannot come to a direct conclusion such as "improvement of glycemic control". They could better say "TG was found to decrease the need for antidiabetic medications which can be reflective of improved glycemic control, to a greater extent than either ER or STG in non-obese diabetic patients". Methods: There seems to be a limitation in patient selection. If (1) all the gastric cancer patients for the selected time frame were included in the study and then (2) DM and HTN patients were selected among them and (3) patients were excluded according to the exclusion criteria;



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more patients would have been included in the study. Patients' insulin usage status and number of diabetic medications can be reflective of the disease stage of the diabetic patients. These factors could have been taken into account to determine whether the disease severity had an impact on the effect of TG on DM or not. If we think that diabetics on insulin are those at a more advanced stage of the disease, the ER patients could be considered to include more severe diabetic patients and perhaps (??) the positive effect of TG was only seen in the patients at an earlier stage of the disease. This could be assessed using appropriate statistical analysis. Are the patients with both DM and HTN are counted only once? (I guess so.) If so, this should be mentioned in the text. If the authors could not reach the BMI data, how could they decide that the patients were not obese? This question should be answered, as this is the core of the study that would make this study deserve publication. Conclusion: TG was found to improve glycemic control to a greater extent than either ER or STG in non-obese general population Other: Other spelling/grammar and editorial revision suggestions are directly made on the text.