

ESPS PEER REVIEW REPORT

Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 12205

Title: Preoperative CA 125 is Significant Indicator of Curative Resection in Gastric Cancer Patients..

Reviewer code: 02446379

Science editor: Yuan Qi

Date sent for review: 2014-06-28 22:24

Date reviewed: 2014-07-11 01:53

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input checked="" type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
<input checked="" 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 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

This is an interesting trial presented by Dae Hoon Kim regarding preoperative CA 125 value as a significant indicator of curative resection in Gastric Cancer patients. The authors have retrospectively analyzed 679 patients with gastric cancer and managed to show that preoperative CA 125 is a useful predictive biomarker for curative resection and prognostic biomarker for recurrence in gastric cancer patients. Overall the trial is well written, the language is satisfactory and the tables along with the figures are well organized. Nevertheless, some minor issues need to be clarified. Such as: in the results section the authors mention that: Recurrences after curative operation were 178 cases among 108 patients. (Clarification needed: 178 cases of recurrence among 108 patients? Several recurrences for the same patient?). hematogenous (n=64), peritoneal (n=44), loco-regional (n=40) and distant lymph node metastases (n=34), peritoneal dissemination (n=13), loco-regional recurrences (n=7). (The sum of recurrences is 202 not 178?. Please explain) I suggest that the trial merits to be published after a minor revision regarding the above mentioned concerns.

ESPS PEER REVIEW REPORT

Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 12205

Title: Preoperative CA 125 is Significant Indicator of Curative Resection in Gastric Cancer Patients..

Reviewer code: 02446400

Science editor: Yuan Qi

Date sent for review: 2014-06-28 22:24

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CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input checked="" type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> Existing	<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"/> No records	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair		BPG Search:	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor	<input type="checkbox"/> Grade D: Rejected	<input type="checkbox"/> Existing	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

COMMENTS TO AUTHORS

I don't think that the positivity of CA 125 and CA 19-9 may be used as biomarker to avoid unnecessary laparotomy. It's hard to accept the idea of non allowing patients the possibility of radical surgery just on such base. Staging laparoscopy with peritoneal lavage for cytology is mandatory in patients at advanced stage and/or the doubt of peritoneal disease. The correlation between preoperative positivity of CA 125 and peritoneal recurrence has anyway a prognostic value. It may be used to select sub-population of gastric cancer patients that can be submitted to adjuvant chemotherapy or intraperitoneal treatments (see HIPEC).