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ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 21128

Title: Signet-ring cell carcinoma of the stomach: Impact on prognosis and specific

therapeutic challenge

Reviewer's code: 00182860 Reviewer's country: Italy Science editor: Ya-Juan Ma

Date sent for review: 2015-07-03 16:50

Date reviewed: 2015-07-17 21:31

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

COMMENTS TO AUTHORS

This is an excellent work. This reviewer rises the following observations: - minor polishing: 1. pag. 3, line 4: delete "with" 2. pag 6, 3rd line from the bottom: molecule instead of molecules 3. pag 9, line 12: delete (Piessen...), living only the reference number 4. pag 9, 2nd paragraph: Performance instead of performans 5. pag 10, last paragraph: lymphatic duct instead of lymph 6. pag 14, last line: epirubicin is repeated 7. table 4: change the name of column 4 (for example ulcerated/non ulcerated) Concepts and cultural contents: It is now time to openly comment both the Dutch and the British trials of lymphadenectomy. These were poorly designed and badly performed so there is no surprise about results. The terrible impact these trials had on western patients has not been established yet, however, as correctly noted the advantages of D2 dissection emerge at distance. This reviewer does not support the position that D1.5 lymphectomy is standard in Europe. It is almost standard in France, but not in Europe. At all. In Countries such as Italy, Spain, Portugal, Germany, Poland and Baltic Republics, D2 lymphectomy is the standard of care for advanced gastric cancer. The same in leading institutions in the UK, Ireland, France etc. Notwithstanding, deviated and supported by the



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negative effects of the above cited trials, D1 or less lymphectomies are still performed through the entire continent. This concept must be clear and no misleading indications can be stated.