



ESPS PEER-REVIEW REPORT

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Table with 4 columns: CLASSIFICATION, LANGUAGE EVALUATION, SCIENTIFIC MISCONDUCT, CONCLUSION. It contains checkboxes for various evaluation criteria like 'Grade A: Excellent', 'Priority publishing', 'Google Search', etc.

COMMENTS TO AUTHORS

English usage requires some correction. Not that the English is poor, which is not, but some minor corrections will ease the understanding of the manuscript. Some examples: The expression: "... practice around the world, including in Asian countries" should be changed to "... practice around the world, including Asian countries" (first paragraph of the Introduction) Second paragraph of the Discussion. The sentence: "This study investigated histological effects in each individual MLNs in patients with 28 advanced GC treated...." should be written as "This study investigated histological effects in each individual MLNs in 28 patients with advanced GC treated...." And some others throughout. INTRODUCTION A "...pathological N0 status..." is mentioned. Is it so?. Is there a pathological N0 status? Could the word pathological be dropped and state simply "Xu et al. Reported that N0 status...."? MATERIALS AND METHODS I think there is an overwhelming overload of information. Why mention 1254 patients if all the work is done with 28 patients? And out of these 28, only 11 are truly informative. All the work should focus on these patients. The MLNs grading as "complete response (CR)..." etc., is it based on any already known or published criteria? If



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so, it should be adequately referenced. Furthermore, has the previous classification anything to do with the tumour regression grade? This needs to be clearly stated and referenced, if possible. RESULTS It is stated that a total of 1044 regional LNs were retrieved from 28 patients. And how many from the group of 11 patients? DISCUSSION Some nomenclature (cStage IV; ypM1, for instance) needs some explanation. I know it can be retrieved on the internet, but providing some information will be helpful to potential readers. The main conclusion (last paragraph of the Discussion) is a sound one, but based on a limited number of patients. This should be stressed in the manuscript. And authors should state whether pre-CTx is, or is not, of any use at all. It seems to me, as authors state in the Introduction section, that it markedly improves the survival rate of patients and, thus, should not be discarded. What authors propose is that, in addition to this conditioning, an appropriate lymphadenectomy should be carried out in this type of patients. And this should be made clear. Related to the previous point, the conclusion reached in the present work is relevant in patients with advanced GC, but no information is given concerning patients in earlier stages of the disease. This should also be clearly stated in the manuscript. REFERENCES Is there a more recent reference to replace ref. #1, which is somewhat outdated?