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ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 26536

Title: 18F-fluorodeoxyglucose positron emission tomography/computed tomography feature and its clinical relevance in gastric lymphomas: Comparison with gastric carcinomas

Reviewer's code: 00071220

Reviewer's country: Japan

Science editor: Ya-Juan Ma

Date sent for review: 2016-04-21 08:38

Date reviewed: 2016-04-21 09:21

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	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 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

I had the opportunity to review a paper "18F-fluorodeoxyglucose positron emission tomography/computed tomography feature and its clinical relevance in gastric lymphomas: Comparison with gastric carcinomas", and I found very interesting. There is no problem to publish the manuscript.

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 26536

Title: 18F-fluorodeoxyglucose positron emission tomography/computed tomography feature and its clinical relevance in gastric lymphomas: Comparison with gastric carcinomas

Reviewer's code: 01437418

Reviewer's country: South Korea

Science editor: Ya-Juan Ma

Date sent for review: 2016-04-21 08:38

Date reviewed: 2016-05-01 11:51

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	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 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 is an interesting study that compared the PET/CT findings between the gastric lymphoma and gastric carcinoma. Although it is well written, followings need to be revised before the publication.

1. It is hard to agree that there were 52 gastric lymphomas and 73 gastric carcinomas during the study period, because the incidence of gastric carcinoma is > 10 times more higher than that of the lymphoma. Furthermore, mucinous cell-type (which is too common in this study) is a rare form of gastric carcinoma. Please clarify the whole number of the gastric malignancy patients during the study period according to the cell types, and verify the percentages of the included subjects in each cell type. 2. Please describe the values of SUV uptake in Table 1 using the exact SUVmax values, because the patterns of PET/CT scan used in this study is a novel one which is not confirmed yet. (1) Type I: uptake in >1/3 of the gastric wall and diffuse thickening (2) Type II: uptake in <1/3 of the gastric wall and diffuse thickening (3) Type III: local uptake and local thickening 3. Were there differences in SUVmax between the diffuse large B cell lymphomas (DLBCL) and low grade



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mucosa-associated lymphoid tissue (MALT) lymphomas? In similar, were there differences in SUVmax between the mucinous adenocarcinomas and non-mucinous adenocarcinomas? Please describe in exact values. 4. Please clarify the differences in THKmax values according to the cell-types and TNM staging. 5. A multivariate analysis including all significant values on PET/CT uptake (cell type, depth of invasion, LN invasion, metastasis, etc) should be added to support the conclusion. 6. In current form, this study adds little to the previous studies, so please emphasize more on the novel findings. (1) Fu L, Li H, Wang H, Xu B, Fan Y, Tian J. SUVmax/THKmax as a biomarker for distinguishing advanced gastric carcinoma from primary gastric lymphoma. PLoS One 2012;7:e50914. (2) Wu J, Zhu H, Li K, Wang XG, Gui Y, Lu GM. (18)F-fluorodeoxyglucose positron emission tomography/computed tomography findings of gastric lymphoma: Comparisons with gastric cancer. Oncol Lett 2014;8:1757-1764.