

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 32117

Title: Clinical utility of the platelet-lymphocyte ratio as a predictor of postoperative complications after radical gastrectomy for clinical T2-4 gastric cancer

Reviewer's code: 01220166

Reviewer's country: Japan

Science editor: Ze-Mao Gong

Date sent for review: 2016-12-31 15:04

Date reviewed: 2017-01-02 11:07

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 checked="" type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<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"/> 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 checked="" 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 checked="" type="checkbox"/> No	

COMMENTS TO AUTHORS

I read the paper entitled "Clinical utility of the platelet-lymphocyte ratio as a predictor of postoperative complications after radical gastrectomy for clinical T2-4 gastric cancer". My comments are as follow. The authors investigated predictive factors for postoperative complications of patients who underwent gastrectomy with D2 lymphadenectomy for gastric cancer, demonstrating a significant relationship between the preoperative platelet-lymphocyte ratio and postoperative complications. This paper was generally well written, and it may be an important issue to consider appropriate management and treatment in patients with gastric cancer. As the results of this study, platelet-lymphocyte ratio was more sensitive than the other systemic inflammatory response markers. Could you show the concrete results with regard to these other markers including neutrophil-lymphocyte ratio, GPS and PNI?

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Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 32117

Title: Clinical utility of the platelet-lymphocyte ratio as a predictor of postoperative complications after radical gastrectomy for clinical T2-4 gastric cancer

Reviewer's code: 02549032

Reviewer's country: Greece

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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, single center retrospective study on clinical utility of preoperative predictors of postoperative complications for clinical T2-4 gastric cancer. The authors made a high quality statistical analysis and found a new statistical, easy, reproducible and overall available index, the PLR ratio, to predict the postoperative complications after radical gastrectomy for clinical T2-4 gastric cancer. The study is suitable for publication. Some minor issues: 1. In page 9, in line 16 instead of <<high PLR...>> should be <<low PLR ..>> .<<(Table 3). With respect to the types of complications, the high (should be low) PLR group exhibited an increased prevalence of anastomotic leakage, leakage of pancreatic fluids, intraabdominal abscess and bowel obstruction compared to the high PLR group. However, the differences were not statistically significant (Figure 2).>>> 2. In the discussion the authors stated that: << The PLR, a combination of circulating platelet and lymphocyte counts, is a representative index of systemic inflammation>>. Please explain more the low PLR or the high PLR is indication of inflammation or index of compromised immune reaction to cancer? 3. The extended lymph node resection may be resulted in elimination to the total immune system and



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predisposed to sensitivity to postoperative inflammatory complications? 4. A low PLR is related to low Lymphocyte and so to compromised cell-mediated immunity, while on the other hand high PLT is mainly related to thrombosis. So it is not the systemic inflammation only but the combination of impaired cell-mediated immunity and high thrombophilic diathesis and systemic inflammation that increase the risk of postoperative complications? 5. May be the extended lymph node resection further impairing the cell-mediated immunity and so this aggressive policy may be not the optional in such serious cases? 6. What is the clinical impact of this finding? Should the authors recommend other treatment planning? Eg instead of extensive lymph node resection, the postoperative radio-chemotherapy for radiation induced lymph node resection could be an option?