

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 30635

Title: Neuroendocrine carcinomas of the stomach: a clinicopathological, treatment, and prognosis study of 43 patients

Reviewer's code: 03475029

Reviewer's country: China

Science editor: Yuan Qi

Date sent for review: 2016-10-13 08:05

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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 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"/> Duplicate publication	
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Plagiarism	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade E: Poor		<input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Minor revision
	<input type="checkbox"/> Grade D: Rejected	BPG Search:	<input type="checkbox"/> Major revision
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

COMMENTS TO AUTHORS

In the present study, Liu et al. retrospectively analyzed the clinicopathological characteristics, treatments, and prognosis of 43 gastric NEC patients at Ren Ji Hospital, School of Medicine, Shanghai JiaoTong University between January 2007 and December 2014. They provided important information about the clinicopathological features, treatment and prognosis of gastric neuroendocrine carcinomas. Generally, the article is well-organized. However, several minor modifications should be addressed. 1. The use of NET in the article is confusing. In the beginning of the Introduction, the author said: "Neuroendocrine neoplasms (NENs), which used to be called neuroendocrine tumors (NETs), are..." Here, NET is a synonym of NEN. However, in the following illustration, such as "According to this classification, GEP-NENs can be categorized as NET G1 or NET G2, or neuroendocrine carcinomas (NEC) G3." (the 3rd Paragraph of Introduction), NET is a sub-category of NEN. The authors should use the same meaning of an abbreviation throughout the manuscript. 2. Results section (P7): "..., and survival after surgery was better in patients with tumor located in the cardiac region of the stomach (median survival: 48.0 vs. 16.25/19.0/45.5 months, Car vs.



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Ant, $P=0.0742$; Car vs. Cor, $P=0.0152$), ...” It is not clear what the numbers (16.25/19.0/45.5 months) refer to. Please state it more clearly. 3. As the authors stated in the Discussion, the NEC G3 category might be composed of two different entities: a group of well differentiated NETs with highly proliferation and a group of poorly differentiated NECs, including small cell carcinomas and large cell neuroendocrine carcinomas. In the present study, all the 43 patients in the present study were poorly differentiated NECs with $Ki67 > 60\%$; among them, there are 39 small cell carcinomas and 4 large cell neuroendocrine carcinomas. Did the authors found any well differentiated NETs with highly proliferation in their cohort? If so, the clinicopathological features, treatment and prognosis of these two groups can also be compared. 4. Discussion section (P9-10): “By analysis, we found patients with tumor located in the cardiac region of the stomach (median survival: 48.0 months) survived better than those with tumor located in the gastric corpus (median survival: 16.25 months), gastric antrum (median survival: 19.0 months), and residual stomach anastomosis (median survival: 45.5 months), but there was only statistic difference between cardiac region and corpus of the stomach.” Since there was no statistic difference between cardiac and antrum, it seemed inappropriate to say that patients with tumor located in the cardiac region of the stomach survived better than those with tumor located in the gastric antrum. Similarly, it was also inappropriate to say that patients with tumor located in the cardiac region of the stomach survived better than those with tumor located in the residual stomach anastomosis. 5. Table 1: Some contents were not easy to read, for example, T classification, Pathological stage, ... Presented the data like this: “T1 0 (0%), T2 4 (9.30%), T3 0 (0%), T4 (90.70%)” is better than “T1/T2/T3/T4 0 (0%)/4 (9.30%)/0 (0%)/39 (90.70%)”. 6. Table 2: For the parameter Lymph node metastasis, why did the authors choose 7 as cut-off value? 7. In general, the paper is well written in English. However, there were some sentences and expressions definitely need to be revised. A professional editing service would be helpful.



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Title: Neuroendocrine carcinomas of the stomach: a clinicopathological, treatment, and prognosis study of 43 patients

Reviewer's code: 03471272

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CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	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"/> 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
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		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

COMMENTS TO AUTHORS

This manuscript has shown clinicopathological features of 43 patients with neuroendocrine carcinoma of the stomach. The authors provide important information related to prognosis and treatment of neuroendocrine carcinomas. The study was well-designed and the manuscript was well-organized and well-written. However, there are some points which needs some additional revisions before it can be published. 1. In the abstract, it would be better to describe the number of patients with small or large cell carcinomas. 2. It would be better to provide information about the patient race. 3. The authors should explain how they diagnosed as neuroendocrine cancer. Did pathologists confirm the expression of neuroendocrine markers such as chromogranin A, synaptophysin, or CD56? Did the pathologists doublecheck? 4. It would be better to explain the margin negative or not. 5. Most of the Discussion section should be summarized and moved from the Discussion section to the Introduction section, because they are about previous reports.