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PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

Manuscript NO: 66254

Title: Gastric Cancer Mortality Related to Direct Radiographic and Endoscopic Screening: A Retrospective Study

Reviewer's code: 05469205

Position: Peer Reviewer

Academic degree: MD

Professional title: Doctor

Reviewer's Country/Territory: China

Author's Country/Territory: Japan

Manuscript submission date: 2021-04-06

Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-04-13 16:43

Reviewer performed review: 2021-04-13 17:39

Review time: 1 Hour

Scientific quality	[ ] Grade A: Excellent [ ] Grade B: Very good [Y] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish
Language quality	[Y] Grade A: Priority publishing [ ] Grade B: Minor language polishing [ ] Grade C: A great deal of language polishing [ ] Grade D: Rejection
Conclusion	[ ] Accept (High priority) [Y] Accept (General priority) [ ] Minor revision [ ] Major revision [ ] Rejection
Re-review	[Y] Yes [ ] No
Peer-reviewer statements	Peer-Review: [Y] Anonymous [ ] Onymous Conflicts-of-Interest: [ ] Yes [Y] No

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SPECIFIC COMMENTS TO AUTHORS

1. The data is nine years before. How to guarantee the timeliness? 2. Endoscopy is now commonly used to diagnose gastric lesions, especially the diagnosis of early gastric cancer. How can the clinical significance of radiography be highlighted when compared with endoscopy?

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PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

Manuscript NO: 66254

Title: Gastric Cancer Mortality Related to Direct Radiographic and Endoscopic Screening: A Retrospective Study

Reviewer's code: 05372695

Position: Peer Reviewer

Academic degree: MD

Professional title: Doctor

Reviewer's Country/Territory: China

Author's Country/Territory: Japan

Manuscript submission date: 2021-04-06

Reviewer chosen by: Ya-Juan Ma

Reviewer accepted review: 2021-05-25 11:23

Reviewer performed review: 2021-05-25 14:55

Review time: 3 Hours

Scientific quality	[ ] Grade A: Excellent [Y] Grade B: Very good [ ] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish
Language quality	[Y] Grade A: Priority publishing [ ] Grade B: Minor language polishing [ ] Grade C: A great deal of language polishing [ ] Grade D: Rejection
Conclusion	[ ] Accept (High priority) [ ] Accept (General priority) [ ] Minor revision [Y] Major revision [ ] Rejection
Re-review	[Y] Yes [ ] No
Peer-reviewer statements	Peer-Review: [Y] Anonymous [ ] Onymous Conflicts-of-Interest: [ ] Yes [Y] No

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SPECIFIC COMMENTS TO AUTHORS

I am glad to review this paper. This study compared the gastric cancer incidence and mortality between endoscopic screening and radiographic screening. This research has important clinical implications. I have a few comments: 1. Are the screening for mass screening or opportunistic screening? Please explain it. 2. The end of follow-up time is almost nine years ago. Is there any updated follow-up data available? 3. Information on the change of screening method during the follow-up time is lacking, which should be a significant limitation for this research. Also, the statement of annual screening is a bit vague. Can the authors provide more detailed information on screening frequency and screening interval during the follow-up? 4. One strength of endoscopic screening is that it can detect precancerous lesions (atrophic gastritis, metaplasia, polyps) and treat them before progression to cancer. Could authors provide biopsy results and treatment of precancerous lesions in the endoscopic group? 5. Are lymphoma, GISTs also regarded as gastric cancer in this research? Please provide the pathological type of gastric cancer if it is available. 6. The baseline characteristics are quite simple. The adjusted covariates were only age and sex, which seems to be not enough. If possible, can more covariates be adjusted in this study? For example, screening frequency, screening institutions, history of screening, precancerous diseases, H. pylori infection, diabetes, smoking, medications (aspirin, statins, proton pump inhibitors), and family history. These known risk factors may be associated with gastric cancer mortality. 7. There are a few statistical questions. The calculated results from Cox proportional hazards model should be hazard ratio (HR), not relative risk (RR). Their definitions are slightly different. Meanwhile, proportional hazard assumption should also be tested before the use of the Cox proportional hazards model. In Tables 4 and 5, The column name "Adjusted reduction rate" is unclear. Could authors revise it to the adjusted hazard ratio for xxx deaths? To

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facilitate readers to understand statistical methods, please write the main r packages used in this study. 8. More early-stage gastric cancer was detected by endoscopic screening than radiographic screening. This finding is advised to be written in the abstract. Good luck!

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PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

Manuscript NO: 66254

Title: Gastric Cancer Mortality Related to Direct Radiographic and Endoscopic Screening: A Retrospective Study

Reviewer's code: 05345777

Position: Peer Reviewer

Academic degree: MD

Professional title: Doctor

Reviewer's Country/Territory: China

Author's Country/Territory: Japan

Manuscript submission date: 2021-04-06

Reviewer chosen by: Ya-Juan Ma

Reviewer accepted review: 2021-05-25 11:38

Reviewer performed review: 2021-05-26 11:11

Review time: 23 Hours

Scientific quality	[ ] Grade A: Excellent [ ] Grade B: Very good [ ] Grade C: Good [Y] Grade D: Fair [ ] Grade E: Do not publish
Language quality	[Y] Grade A: Priority publishing [ ] Grade B: Minor language polishing [ ] Grade C: A great deal of language polishing [ ] Grade D: Rejection
Conclusion	[ ] Accept (High priority) [ ] Accept (General priority) [ ] Minor revision [Y] Major revision [ ] Rejection
Re-review	[ ] Yes [Y] No
Peer-reviewer statements	Peer-Review: [Y] Anonymous [ ] Onymous Conflicts-of-Interest: [ ] Yes [Y] No

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SPECIFIC COMMENTS TO AUTHORS

This article aims to evaluate the impact on gastric cancer mortality rate of two types of gastric cancer screening in Maebashi City, Japan. At present, gastroscopy is the gold standard of gastric cancer screening, which plays an irreplaceable role. For the cavity organ, the roles of radiation detection has been classified. This paper only expands the number of queue population, so the article is generally innovative. Besides , no significant difference in the reduction of gastric cancer mortality rate between the two screening methods was found. On the whole, it is difficult to find out the advantages of the article. Therefore, it is suggested that the authors find a better entry point for analysis.

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PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

Manuscript NO: 66254

Title: Gastric Cancer Mortality Related to Direct Radiographic and Endoscopic Screening: A Retrospective Study

Reviewer's code: 05088098
Position: Editorial Board
Academic degree: MD, PhD
Professional title: Professor
Reviewer's Country/Territory: China
Author's Country/Territory: Japan

Manuscript submission date: 2021-04-06
Reviewer chosen by: Ya-Juan Ma
Reviewer accepted review: 2021-05-29 13:25
Reviewer performed review: 2021-06-08 22:30
Review time: 10 Days and 9 Hours

Scientific quality	[ ] Grade A: Excellent [ ] Grade B: Very good [Y] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish
Language quality	[ ] Grade A: Priority publishing [Y] Grade B: Minor language polishing [ ] Grade C: A great deal of language polishing [ ] Grade D: Rejection
Conclusion	[ ] Accept (High priority) [ ] Accept (General priority) [ ] Minor revision [Y] Major revision [ ] Rejection
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Peer-reviewer statements	Peer-Review: [Y] Anonymous [ ] Onymous Conflicts-of-Interest: [ ] Yes [Y] No

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SPECIFIC COMMENTS TO AUTHORS

This manuscript showed that endoscopic screening detected more gastric cancer than direct radiographic screening did, but both screening methods had similar effects on reducing the mortality rate from gastric cancer. Gastric cancer screening, especially early screening, has always been a concern. This article compared the effectiveness of the two screening methods, which is scientific and has certain guiding significance for clinical diagnosis and treatment, but there are still several pointes to be addressed. 1.There is a significant difference in staging between radiologic and endoscopic groups, which may lead to different treatment options, thus affecting the mortality of the two groups, and there is a potential deviation; Would it be better to assess in detail the value of the two in different stages (E. G. early stages) ? 2.The study enrolled participants aged 40 to 79 years who were screened by direct radiography (n = 11 155) or endoscopy (n = 10 747). There were no other inclusion and exclusion criteria except age. In addition, during the follow-up period, what kind of screening did these participants continue to take, and did they have new gastric cancer? 3.Please delete the tables in the figure1~4 and describe it in the article. And code (a)(b)(c) for three graphs in Figure 4. 4.In the discussion, it was mentioned that endoscopic operation experience and false negative were important bias factors, which were difficult to avoid, and would seriously reduce the credibility of the article, and could not get the exact conclusion.