

## PEER-REVIEW REPORT

**Name of journal:** *World Journal of Gastrointestinal Surgery*

**Manuscript NO:** 78895

**Title:** Metastatic lymph nodes and prognosis assessed by the number of retrieved lymph nodes in gastric cancer

**Provenance and peer review:** Unsolicited manuscript; Externally peer reviewed

**Peer-review model:** Single blind

**Reviewer's code:** 05194798

**Position:** Editorial Board

**Academic degree:** MD

**Professional title:** Director

**Reviewer's Country/Territory:** Japan

**Author's Country/Territory:** China

**Manuscript submission date:** 2022-07-20

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2022-08-03 09:11

**Reviewer performed review:** 2022-08-11 00:01

**Review time:** 7 Days and 14 Hours

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input checked="" type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Language quality	<input type="checkbox"/> Grade A: Priority publishing <input checked="" type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
Conclusion	<input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input checked="" type="checkbox"/> Major revision <input type="checkbox"/> Rejection
Re-review	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

<b>Peer-reviewer statements</b>	Peer-Review: [ <input checked="" type="checkbox"/> ] Anonymous [ <input type="checkbox"/> ] Onymous Conflicts-of-Interest: [ <input type="checkbox"/> ] Yes [ <input checked="" type="checkbox"/> ] No
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## SPECIFIC COMMENTS TO AUTHORS

This manuscript is an original article that retrospectively investigated the relationship between metastatic LNs and retrieved LNs and analyzed the optimal cut-off value of RLNs in the patients with gastric cancer. The authors showed that the number of MLNs increased with an increasing number of RLNs and elucidated the optimal number of RLNs in each pT stage. Furthermore, the authors showed that RLNs were an independent risk factor associated with the patients with gastric cancer. This study was conducted well, and presented clearly. And, it contains informative information, which will be of interest to clinicians in the field. However, I have serious concern in this manuscript.

Major 1. The authors provided the recommendation regarding the number of RLNs in each pT stage in the Conclusion. However, I think it's difficult to control the number of RLNs while systematic D2/D2+ LNs dissection is performed. I can't understand how to apply this conclusion in clinical practice.

2. Histology and additional treatment such as chemotherapy can influence the prognosis. That information should be provided.

Minor 1. Please insert "gastric cancer" in the title.

2. (Abstract) Please provide an unabbreviated word of GC in BACKGROUND.

3. The authors stated that for patients with pT1, pT2 and pT4 stage cancers, adding RLNs prolonged the 5-year survival rate of patients. However, it seems that it's not true in patients with pT4 patients in Table 2.

4. (P16L2) Please provide an unabbreviated word of DFS.

5. (P16L4-5) "Laparoscopic" is duplicated.

6. The conclusion is duplicated. I think they are put together in the Conclusions section.

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**Reviewer's code:** 05085948

**Position:** Associate Editor

**Academic degree:** MD, PhD

**Professional title:** Assistant Professor

**Reviewer's Country/Territory:** Italy

**Author's Country/Territory:** China

**Manuscript submission date:** 2022-07-20

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2022-08-29 12:20

**Reviewer performed review:** 2022-09-07 04:52

**Review time:** 8 Days and 16 Hours

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input checked="" type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Language quality	<input checked="" type="checkbox"/> Grade A: Priority publishing <input type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
Conclusion	<input type="checkbox"/> Accept (High priority) <input checked="" type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
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**SPECIFIC COMMENTS TO AUTHORS**

The retrospective nature of this work definitively downsizes the importance of an extensive LN harvesting in radical treatment of GC; nevertheless I think the correlation between T stage and number of metastatic nodes is an interesting aspect that suggests further studies in the future. Some observations: - Typing error in discussion: (laparoscopic: 24 vs laparoscopic: 26) and stage... GC in the next page - Tables 3 and 4 are quite confused: too many little numbers