

## PEER-REVIEW REPORT

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

**Manuscript NO:** 80050

**Title:** Prognostic Value of Preoperative Immune-Nutritional Score Systems in Remnant Gastric Cancer Patients Undergoing Surgery

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

**Peer-review model:** Single blind

**Reviewer's code:** 05342613

**Position:** Editorial Board

**Academic degree:** FACS

**Professional title:** Professor

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

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

**Manuscript submission date:** 2022-09-15

**Reviewer chosen by:** Dong-Mei Wang

**Reviewer accepted review:** 2022-10-17 19:42

**Reviewer performed review:** 2022-10-24 09:37

**Review time:** 6 Days and 13 Hours

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input 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 Grade E: Do not publish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 checked="" type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
Re-review	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No



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

1 Title. YES 2 Abstract. YES, Reflects the topic 3 Key words. Suitable 4 Background. Well described 5 Methods. Suitable 6 Results. Well analysed, 7 Discussion. They covered the subject well. They used up-to-date resources 8 Illustrations and tables. OK, 9 Biostatistics. YES 10 Units. YES 11 References. Suitable. 12 Quality of manuscript organization and presentation. Well organised 13 Research methods and reporting. Suitable 14 Ethics statements. YES, No ethic issue

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**Reviewer's code:** 03270609

**Position:** Editorial Board

**Academic degree:** MD, PhD

**Professional title:** Professor

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

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

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**Reviewer chosen by:** Dong-Mei Wang

**Reviewer accepted review:** 2022-12-01 03:07

**Reviewer performed review:** 2022-12-04 15:44

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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 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 checked="" type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
Re-review	<input type="checkbox"/> Yes <input checked="" 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

## SPECIFIC COMMENTS TO AUTHORS

The manuscript is devoted to an important oncological problem - Remnant Gastric Cancer, the frequency of which, according to different authors, ranges from 2 to 7% of the number of partial gastrectomy performed (Mak TK, et al 2021). This pathology is associated with both problems of diagnosis and patients treatment. The authors show that the assessment of preoperative immune-nutritional status has an important prognostic value. Moreover, it can be assumed that the correction of the identified disorders can improve the long-term results of treatment of these patients. Despite the relevance of the study, the manuscript has a number of shortcomings that require correction.

**Title of the manuscript.** I think it's worth changing the title of the manuscript, as "score" can't influence the prognosis. Alternatively, you can use the following wording: "Prognostic Significance..." or similar, as, for example, you use in the introduction "prognostic value".

**Abstract Method** Similarly, you should change the wording in Background and Aims and further down the text; Specify the number of patients included in the study; It is necessary to briefly indicate which statistical methods and for what purpose you used (ROC analysis, log-rank test, Kaplan-Meier method)

**Result** Indicate the Cutoff for PNI, CONUT and NPS. Cutoff is the indicator value that stratifies cases with high and low risk of death with the greatest sensitivity and specificity. Many softwares offer several Cutoff with different AUCs. The sentence "PNI was 75 months compared with 42 months,  $p = 0.001$ ; CONUT is 69 to 48 months,  $p = 0.033$ ; NPS is 77 to 40 months;  $P < 0.001$ )" is incorrect. Reword so that it is clear that here you are comparing OS in two groups formed according to the Cutoff values for each of the Immune-Nutritional Score Systems.

**Method Patient** (I) The patient has a

previous history of gastrectomy, and the interval from the occurrence of residual gastric cancer is five years or more. After admission, the patient underwent a radical resection of residual gastric cancer, and the postoperative pathological diagnosis is gastric adenocarcinoma. – I think it is more correct to divide this criterion into 4 criteria. Definition of immune-nutritional prognosis system It is important to explain in detail how you divided patients into risk groups depending on the immune-nutritional status. In particular, explain why you used PNI score  $<45$  and CONUT score  $\geq 3$  as indicators that the patient has immune-nutritional risks? Are these values based on Cutoff ROC curves or based on literature data? Then you should give the appropriate links. This remark also applies to the division of patients into risk groups, depending on the NPS score. Statistical analysis You can use the T-test if the scores were properly distributed only. Therefore, it is necessary to note which methods you used to determine the distribution of the relevant indicators. Results Patient characteristics This title does not reflect the essence of the section. Table 1. It is not clear what the fractions in the PNI, CONUT and NPS columns mean. If the numerator and denominator of the fraction indicate the number of cases with high and low immune-nutritional status, then this should be explained. In this case, the Table 1 shows the distribution of patients according to immune-nutritional status and clinical and pathological characteristics of RGC. Care should be taken in wording, as the data presented in Table 1 cannot be used to assess the presence or absence of correlations between pathological signs and the immuno-nutrient status of patients with RGC. Correlation analysis methods are used to evaluate correlations. ROC curve of immune-nutritional systems for predicting postoperative survival When describing the values of the indicators, you show the averages!!! values of lymphocytes, monocytes and neutrophils (the fact that they are expressed in absolute values can be seen from the units of measurement). It is necessary to bring Cutoff for each of the ROC curves. It is Cutoff that allows stratification of cases



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with high and low risk of death from RGC. Survival Analysis of OS The name is incorrect! If we remove the abbreviation, we get "Survival Analysis of overall survival" Must be changed. Specific values of PNI, CONUT and NPS should be given for cases with high and low risk of death from RGC!!! This remark is the most important! Considering that you used ROC analysis, it is most likely that these values are determined by Cutoff. The manuscript contains a number of stylistic inaccuracies, for example: In Abstract: It's more correct to use "Methods" and "Results" In Introduction: Incorrect sentence "«Reports indicate that approximately 2%–3% of remnant stomach will develop RGC [3, 4].", please reformulate Incorrect wording: "systemic immune system" In the Methods, in the subchapter "«Definition of immune-nutritional prognosis system»" there is incorrect sentence: "The CONUT score is defined as the sum of the three groups based on serum ALB concentration, lymphocyte count, and TC concentration" and others. The authors should correct these comments, after which the manuscript can be published.