

PEER-REVIEW REPORT

Name of journal: World Journal of Gastrointestinal Oncology

Manuscript NO: 66656

Title: Efficacy and toxicity of capecitabine combined with intensity-modulated radiotherapy after D1/D2 lymph node dissection in patients with gastric cancer

Reviewer's code: 03087760

Position: Editorial Board

Academic degree: MD, PhD

Professional title: Professor

Reviewer's Country/Territory: South Korea

Author's Country/Territory: China

Manuscript submission date: 2021-04-15

Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-04-22 00:34

Reviewer performed review: 2021-04-29 03:51

Review time: 7 Days and 3 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 Grade E: Do not publish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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Peer-reviewer statements	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 report efficacy and toxicity of clinical trial of ACRT.

PEER-REVIEW REPORT

Name of journal: World Journal of Gastrointestinal Oncology

Manuscript NO: 66656

Title: Efficacy and toxicity of capecitabine combined with intensity-modulated radiotherapy after D1/D2 lymph node dissection in patients with gastric cancer

Reviewer's code: 04732834

Position: Peer Reviewer

Academic degree: MD, PhD

Professional title: Director, Full Professor, Surgical Oncologist

Reviewer's Country/Territory: Romania

Author's Country/Territory: China

Manuscript submission date: 2021-04-15

Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-04-25 14:20

Reviewer performed review: 2021-05-10 08:38

Review time: 14 Days and 18 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 type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input checked="" type="checkbox"/> Major revision <input type="checkbox"/> Rejection
Re-review	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Peer-reviewer statements	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

While overall quality is good I wish to express some doubts 1. potential inclusion of D0 patients is strange as I consider them nononcological treatments in advanced gastric cancer 2. D1 in advanced gastric cancer is problematic and writing recommended D2 is not really good enough. Still only 55% had a D2 resection and there are patients with 5 LNs resected. That is not even D1. A ugly nonhomogenous group as much as surgery is concerned will created a major bias 3. You should be more specific regarding CTV and PTV. I personally do not understand the benefit of including LNs stations in CTV after radical gastrectomy (eg station 3 irrespective of location). Basically you overtreat an area that should have been resected plus add high dosage on the stomach. I believe yo need to explain why you need to treat LN areas that are meant to be resected. If you assume bad surgery than it is a major problem and you need to selected other surgeons. RT may not compensate bad surgery. 4.In your inclusion criteria all patients were required to have a D2beta resection. please explain why do you decide to irradiate same areas. You will have to indicate if recurrences developed in such sites or RT prevented that 5. Iwould like to have examples of PTVs and describes the changes associate with organ movements between sessions 6. You state that stomach was not routinely included, but LN station 3 was included. That in the context of a large majority of partial gastrectomy (which you need to develop - what kind of partial gastrectomy and LN territory resected) 7 ACT and ARCT are used in a very liberal manner and may influence the results. There are too many variables in a small cohort. 8. While peritoneal and distant metastasis are obvious, you need to discuss more about the local and regional recurrences. I have some major doubts regarding gastric stump recurrence and anastomotic recurrence (assuming correct surgery). I would like to know if the location for recurrences are inside PTV or not. A table should be provided with locatoins, LNs area removed at surgery (if

known), nr LNs and LNindex, LN areas inside PTV or not and time to recurrence. I think it would be essential to make it clear if regional recurrence is inside or outside D2 resection area.

PEER-REVIEW REPORT

Name of journal: World Journal of Gastrointestinal Oncology

Manuscript NO: 66656

Title: Efficacy and toxicity of capecitabine combined with intensity-modulated radiotherapy after D1/D2 lymph node dissection in patients with gastric cancer

Reviewer's code: 05355933

Position: Peer Reviewer

Academic degree: MD

Professional title: Professor

Reviewer's Country/Territory: South Korea

Author's Country/Territory: China

Manuscript submission date: 2021-04-15

Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-05-11 03:26

Reviewer performed review: 2021-05-13 13:48

Review time: 2 Days and 10 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 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
Peer-reviewer statements	Peer-Review: <input type="checkbox"/> Anonymous <input checked="" type="checkbox"/> Onymous Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS

In this study, the authors investigated the efficacy and toxicity of oral capecitabine and IMRT based on their own phase I study. Although adjuvant CRTx is not routinely applied in Japan and South Korea, CRTx may be a useful treatment option in patients who underwent D1 gastrectomy or pts with N3 patients. This study showed acceptable safety and efficacy of CRTx following gastrectomy with D1/2 LND for locally advanced gastric cancer. Therefore, this study is valuable in that it can be a reference in western countries. The followings are my specific comments for this article; 1. The authors hypothesized the 3-year DFS rate would improve from 50% to 70% based on INT 0116 trial (surgery alone vs. CRTx= 31% vs. 48%). In this study, does “3-yr DFS of 50%” mean 3-yr DFS in surgery-alone group, or that in adjuvant CTx group? Currently, adjuvant CTx is essential worldwide in locally advanced gastric cancer. Therefore, I think it is reasonable to consider 3-yr DFS in adjuvant CTx group as a baseline. However, regarding phase II trial, authors should clarify the character of baseline DFS in study protocol. 2. Was a patient, who died of gastric bleeding, associated with recurrence, or RTx? Because gastric bleeding can be controlled with endoscopic ablation or remnant gastrectomy, more specific descriptions are needed. 3. Locoregional recurrence occurred in 7 patients (17.5%), which is considerably high, regarding CRTx with D1/2 gastrectomy. How many patients were with solitary locoregional recurrence? Were there subsequent treatments such as reoperation or intensive RTx for local control? 4. The rate of R0/R1 resection should be presented in Table 2 because R1 resection is strongly associated with locoregional or peritoneal recurrence. 5. This study consists of 18 pts with D1 gastrectomy and 22 pts with D2 gastrectomy. Therefore, it can be meaningful that authors show the results of D1 group and D2 group. 6. It is natural to change the arrangement of present/absent as absent/present in Table 2. AJCC 6th stage is



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unnecessary in Table2, despite authors wanted to emphasize the proportion of advanced disease. 7. Survival analysis in Table 4 should be presented as a figure along with number at risk. 7-yr OS was lower than 7-yr DFS in Table 4. It does not make sense.

PEER-REVIEW REPORT

Name of journal: World Journal of Gastrointestinal Oncology

Manuscript NO: 66656

Title: Efficacy and toxicity of capecitabine combined with intensity-modulated radiotherapy after D1/D2 lymph node dissection in patients with gastric cancer

Reviewer's code: 03806663

Position: Editorial Board

Academic degree: MD

Professional title: Professor

Reviewer's Country/Territory: Egypt

Author's Country/Territory: China

Manuscript submission date: 2021-04-15

Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-05-11 20:36

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Review time: 3 Days

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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Peer-reviewer statements	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 topic is interesting but i have comments to the authors: 1- the numberof patients is small 2- please add degree of freedom for each p value 3- in th first sentence of the inclusion criteria remove either inclusion or the following 4- patients with either total or partial gastrectomy had problems with feeding, how they tolerate oral capcitabine 5-how you define recurrence, relapse and metastasis 6- did you use upper digestive endoscopy in the ollowup of your patients and how many and what is the findings

RE-REVIEW REPORT OF REVISED MANUSCRIPT

Name of journal: World Journal of Gastrointestinal Oncology

Manuscript NO: 66656

Title: Efficacy and toxicity of capecitabine combined with intensity-modulated radiotherapy after D1/D2 lymph node dissection in patients with gastric cancer

Reviewer's code: 04732834

Position: Peer Reviewer

Academic degree: MD, PhD

Professional title: Director, Full Professor, Surgical Oncologist

Reviewer's Country/Territory: Romania

Author's Country/Territory: China

Manuscript submission date: 2021-04-15

Reviewer chosen by: Yun-Xiaojian Wu

Reviewer accepted review: 2021-06-15 08:36

Reviewer performed review: 2021-06-15 08:43

Review time: 1 Hour

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 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
Peer-reviewer statements	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

I appreciate your answers and revision of the manuscript