



## PEER-REVIEW REPORT

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

**Manuscript NO:** 74638

**Title:** Clinicopathological Differences, Risk Factors and Prognostic Scores for Western Patients with Intestinal and Diffuse-type Gastric Cancer

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

**Peer-review model:** Single blind

**Reviewer's code:** 02537787

**Position:** Editorial Board

**Academic degree:** MD, PhD

**Professional title:** Professor

**Reviewer's Country/Territory:** South Korea

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

**Manuscript submission date:** 2021-12-30

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2021-12-31 04:24

**Reviewer performed review:** 2021-12-31 08:04

**Review time:** 3 Hours

<b>Scientific quality</b>	<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 Grade E: Do not publish
<b>Language quality</b>	<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
<b>Conclusion</b>	<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
<b>Re-review</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No



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<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**

In this retrospective single center study, Diaz del Arco C et al. assessed the clinicopathological differences between Laurén subtypes, compared the clinicopathological risk factors for recurrence and cancer-specific death of patients with intestinal and diffuse-type GC, and suggested prognostic scoring system for survival for patients with intestinal and diffuse GC. The study was well described and supported current knowledge on gastric cancer especially regarding Lauren classification. In addition, it suggested prognostic scores for predicting tumor recurrence and cancer-specific survival in gastric cancer patients with intestinal and diffuse-type gastric cancer, showing an good patient stratification into 3 (diffuse type) or 4 (intestinal type) prognositc groups. Major concern: I think the suggested prognostic scoring system should be validated. Minor: The manuscript needs to be improved. For example, the conclusion should be concise.



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

**Peer-review model:** Single blind

**Reviewer's code:** 06045450

**Position:** Peer Reviewer

**Academic degree:** MD

**Professional title:** Assistant Professor

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

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

**Manuscript submission date:** 2021-12-30

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2022-01-08 14:43

**Reviewer performed review:** 2022-01-08 15:00

**Review time:** 1 Hour

<b>Scientific quality</b>	<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
<b>Language quality</b>	<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
<b>Conclusion</b>	<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
<b>Re-review</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No



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<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**

It is better to mention the type of lymph node dissection D1 or D2 and the average number of lymph nodes examined, because it affects the prognosis of patients independently.



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**Peer-review model:** Single blind

**Reviewer’s code:** 06107960

**Position:** Peer Reviewer

**Academic degree:** MD

**Professional title:** Chief Physician

**Reviewer’s Country/Territory:** Israel

**Author’s Country/Territory:** Spain

**Manuscript submission date:** 2021-12-30

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2022-01-06 07:03

**Reviewer performed review:** 2022-01-11 12:35

**Review time:** 5 Days and 5 Hours

<b>Scientific quality</b>	<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
<b>Language quality</b>	<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
<b>Conclusion</b>	<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
<b>Re-review</b>	<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

Thank you for the opportunity to review this important manuscript. In this interesting article, the authors retrospectively studied the various clinical and histopathological data of patients who underwent a curative gastrectomy in order to define the prognostic factors of the two subgroups of Lauren's classification. Here are my comments and suggestions: Minor issue: The title is too long (25 words instead of 18 requested) and the text does not answer the title question. The proposed citation is different from the title. In the abstract: The described method is too long. In the conclusion, "cost effective strategy" is not a proven point by the article. In Introduction: The sentence "As far as we know, no other study has analyzed the specific risks factors" seems to be incorrect in view of references 9 to 11 that you mentioned above. As well as in: Lauren classification combined with HER2 status is a better prognostic factor in Chinese gastric cancer patients. Miaozen Qiu and al. BMC Cancer. 2014. doi: 10.1186 / 1471-2407-14-823 In Methods: In the Immunohistochemical study, numbers in parentheses are part of the results, not the method. Same in inclusion criteria, this paragraph must contain the criteria and not the results. In Results: "During follow up..." how long was the follow up? In the discussion: "In a recent study we summarized..." the conclusions of this previous article are not mentioned. If this article is a continuation of the previous article, it should be mentioned above. In the conclusion: The conclusion is too long and repeat most of the points already mentioned in the discussion. Major issues: In Results: Supplementary figures 1 and 2 are missing. The fact that there are tables and supplementary tables makes it difficult to understand. There are too many tables. You may have to think about grouping table 1 with supplementary table 1, and



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supplementary table 2 with supplementary table 3. The most problematic point is that the study only included only patients who did not receive neoadjuvant chemotherapy, whereas today, following the FLOT4 study (that is mentioned in your article), most patients receive neoadjuvant chemotherapy before the operation.