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PEER-REVIEW REPORT

Name of journal: World Journal of Gastrointestinal Oncology

Manuscript NO: 91063

Title: Efficacy and safety of perioperative therapy for locally resectable gastric cancer: A network meta-analysis of randomized clinical trials

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 00039368

Position: Editorial Board

Academic degree: MD, PhD

Professional title: Academic Research, Associate Professor

Reviewer's Country/Territory: Estonia

Author's Country/Territory: China

Manuscript submission date: 2023-12-21

Reviewer chosen by: AI Technique

Reviewer accepted review: 2024-01-02 09:24

Reviewer performed review: 2024-01-10 14:29

Review time: 8 Days and 5 Hours

	[] Grade A: Excellent [Y] Grade B: Very good [] Grade C:
Scientific quality	Good
	[] Grade D: Fair [] Grade E: Do not publish
Novelty of this manuscript	[] Grade A: Excellent [Y] Grade B: Good [] Grade C: Fair [] Grade D: No novelty
Creativity or innovation of this manuscript	[] Grade A: Excellent [Y] Grade B: Good [] Grade C: Fair [] Grade D: No creativity or innovation
this manuscript	[] Grade D. No creativity of innovation



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Scientific significance of the conclusion in this manuscript	[] Grade A: Excellent [Y] Grade B: Good [] Grade C: Fair [] Grade D: No scientific significance
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	[]Yes [Y]No
Peer-reviewer statements	Peer-Review: [Y] Anonymous [] Onymous Conflicts-of-Interest: [] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

This is a very well written network meta-analysis paper concerning the assessment of the optimal perioperative treatment regimen for locally resectable gastric cancer on the base of analysis of articles searched from their inception to April 21, 2023 without language restrictions. The authors give the extensive characteristics of selected studies and presented detailed description of inclusion and exclusion criteria applied to select literature and used the appropriate statistical methods. The present meta-analysis showed that only neoadjuvant XELOX plus neoadjuvant radiotherapy and neoadjuvant CF regimens effectively improved the RO resection rate. This study provides valuable insights for clinicians in selecting perioperative treatment regimens for locally resectable gastric cancer. The authors have reviewed and analyzed sufficient amount of literature. The review is supplied with two Tables and four figures.