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ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastrointestinal Oncology
ESPS manuscript NO: 31178
Title: Gastric peritoneal carcinomatosis - a retrospective review
Reviewer's code: 03551392
Reviewer's country: Poland
Science editor: Fang-Fang Ji
Date sent for review: 2016-11-04 16:29
Date reviewed: 2016-11-16 19:45

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
[ ] Grade A: Excellent	[ ] Grade A: Priority publishing	Google Search:	[ ] Accept
[ ] Grade B: Very good	[Y] Grade B: Minor language polishing	[ ] The same title	[ ] High priority for publication
[ ] Grade C: Good	[ ] Grade C: A great deal of language polishing	[ ] Duplicate publication	[ ] Rejection
[Y] Grade D: Fair	[ ] Grade D: Rejected	[ ] Plagiarism	[ ] Minor revision
[ ] Grade E: Poor		[Y] No	[Y] Major revision
		BPG Search:	
		[ ] The same title	
		[ ] Duplicate publication	
		[ ] Plagiarism	
		[Y] No	

COMMENTS TO AUTHORS

The authors present a retrospective study of a cohort of patients with gastric cancer and peritoneal metastases treated in a single oncology center. The rationale for the study is important as the prognosis remains poor in this group of patients. The study derives a lot of clinical data describing patients' baseline characteristics and their course during palliative therapy. The results are consistent with those presented in previous studies. However, there are some remarks that need to be verified before the publication. 1. Epidemiological data mentioned in the introduction are outdated. For latest data, please check: http://globocan.iarc.fr/old/FactSheets/cancers/stomach-new.asp 2. Please, provide the definition of follow-up and its method of calculation. 3. Please, provide confidence intervals for median OS in each subgroup of patients. 4. Disagree with the sentence: 'This is consistent with the idea of isolated peritoneal carcinomatosis as a loco-regional disease extension rather than a true systemic dissemination of metastatic disease, which further lends support to the cause of aggressive loco-regional treatment with CRS and HIPEC in at least selected cases to maximize survival outcomes.' Firstly, this study is not constructed to bring an evidence for the thesis. Secondly, there is no consensus if peritoneal metastases appear as loco-regional extension

or systemic dissemination, and definitely no validated data that support the use of loco-regional treatment in a routine practice. 5. Strongly disagree with the sentence: 'This is consistent with our finding of significantly improved overall survival in patients who initiated systemic chemotherapy compared to those who received best supportive care upfront.' This conclusion is wrong in terms of retrospective study as selection-bias occurs. Patients treated with best supportive care could have worse outcomes because of worse baseline parameters that disqualified them from chemotherapy when compared to baseline parameters of patients that received chemotherapy. The positive effect of chemotherapy could be proven only when both groups had the same baseline characteristics within known prognostic factors and only one group would receive chemotherapy.

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ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastrointestinal Oncology
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Title: Gastric peritoneal carcinomatosis - a retrospective review
Reviewer's code: 00113940
Reviewer's country: Greece
Science editor: Fang-Fang Ji
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CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
[ ] Grade A: Excellent	[ ] Grade A: Priority publishing	Google Search:	[ ] Accept
[ ] Grade B: Very good	[Y] Grade B: Minor language polishing	[ ] The same title	[Y] High priority for publication
[Y] Grade C: Good	[ ] Grade C: A great deal of language polishing	[ ] Duplicate publication	[ ] Rejection
[ ] Grade D: Fair	[ ] Grade D: Rejected	[ ] Plagiarism	[ ] Minor revision
[ ] Grade E: Poor		[Y] No	[ ] Major revision
		BPG Search:	
		[ ] The same title	
		[ ] Duplicate publication	
		[ ] Plagiarism	
		[Y] No	

COMMENTS TO AUTHORS

A drawback of this study is that the grade of peritoneal metastasis was not classified. Generally, it is classified as P1, P2 or P3 according to the recommendations of the Japanese Research Society for Gastric Cancer. The classification is useful for predicting patient outcomes and tailoring treatment. The reason for not classifying peritoneal metastasis should be described in the Discussion. Alternatively, comparing the outcomes of synchronous peritoneal carcinomatosis that was found on CT (probably not including P1) and those of the lesion detected by a laparoscopy (probably including P1) would be informative.

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ESPS PEER-REVIEW REPORT

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CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
[ ] Grade A: Excellent	[Y] Grade A: Priority publishing	Google Search:	[ ] Accept
[Y] Grade B: Very good	[ ] Grade B: Minor language polishing	[ ] The same title	[ ] High priority for publication
[ ] Grade C: Good	[ ] Grade C: A great deal of language polishing	[ ] Duplicate publication	[ ] Rejection
[ ] Grade D: Fair	[ ] Grade D: Rejected	[ ] Plagiarism	[Y] Minor revision
[ ] Grade E: Poor		[Y] No	[ ] Major revision
		BPG Search:	
		[ ] The same title	
		[ ] Duplicate publication	
		[ ] Plagiarism	
		[Y] No	

COMMENTS TO AUTHORS

The authors have written a review of a single institution experience with patients with gastric cancer and carcinomatosis to give some idea of the treatment history of such patients treated over a 4-5 year period. Some unsurprising observations are made, including patients with treatment with supportive care alone only living 1-2 months. The authors play up to strongly that peritoneal carcinomatosis may represent treatable "local regional" disease, however, regional therapy for these patients remains highly controversial. Outcomes from patient series likely reflect a high degree of patient selection, and outcomes may be more reflective of tumor biology than the actual impact of regional therapy on these patients. The "shift in paradigm" for these patients is hardly universally accepted. However, some have embraced regional therapies without carefully conducted, randomized clinical trials. More information should be provided in the abstract, and in the results, survival curves showing marginal and often not surprising survival differences should be deleted. Does their definition include patients with positive cytology found at laparoscopy without gross visible carcinomatosis? The authors also talk about "completing" chemotherapy, is this ever really the case in metastatic gastric cancer? Although the U.K approach is to deliver 6 months of

chemotherapy and then observe patients, others globally continue chemotherapy until disease progression, and given that the median PFS for most patients is 4-5 months ongoing chemotherapy is usually the situation. The discussion is repetitive and editorializing and needs to be truncated. Specific comments are outlined below: Abstract: Should contain more information about therapy delivered and patient characteristics. Poor outcome in patients requiring hospitalizations is less a reflection just of peritoneal carcinomatosis but the failure of our currently available modestly active systemic chemotherapy. To date there are no compelling randomized trial data indicating that regional chemotherapy will improve outcome in these patients, this statement should be deleted or rephrased to indicate that investigational use of regional therapies is warranted and requires validation. Introduction: Gastric cancer is no longer the second leading cause of cancer related death, this misstatement needs correction. It is already recognized from prognostic factor series that peritoneal disease is an independent, poor prognostic factor; the authors should acknowledge this literature. The case for intraperitoneal therapy to be studied is supported by the authors report, but its actual clinical use is not. Methodology: Did the authors capture the issue of visible carcinomatosis, versus cytology only documentation? Discussion: The authors imply that regional chemotherapy is now a therapy standard for peritoneal carcinomatosis. This is hardly the case given the absence of controlled clinical trials. Retrospective series subject to patient selection bias should not be cited as evidence of benefit for a therapeutic approach.