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PEER-REVIEW REPORT

Name of journal: World Journal of Gastrointestinal Oncology
Manuscript NO: 31949
Title: Gastric xanthoma is a predictive marker for metachronous and synchronous gastric cancer
Reviewer's code: 00001114
Reviewer's country: Japan
Science editor: Ze-Mao Gong
Date sent for review: 2016-12-20
Date reviewed: 2016-12-26

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
[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	[Y] Major revision
		BPG Search:	
		[ ] The same title	
		[ ] Duplicate publication	
		[ ] Plagiarism	
		[Y] No	

COMMENTS TO AUTHORS

Comments to the Author: Thank you for giving me the opportunity to review the manuscript: "Gastric xanthoma is a predictive marker for metachronous and synchronous gastric cancer". I enjoyed this paper. I feel this article is well written and clinically important. I have following comments. Major comments The authors analyzed patients with early gastric cancer comprising patients with solitary and metachronous and synchronous gastric cancer. They concluded that the prevalence of gastric xanthoma in solitary group (32.1%) was significantly higher than that in multiple group (54.2%) at the initial endoscopic evaluation and then gastric xanthoma is a useful predictive marker for multiple gastric cancer. The authors stated that this report is first report of the presence of gastric xanthoma as a useful predictive marker for metachronous and synchronous gastric cancer. This study seemed to analyze findings of with or without gastric xanthoma at one point in different cohorts, patients with solitary and metachronous or synchronous gastric cancer. Even in solitary group, about one

third of patients with gastric cancer had gastric xanthoma. Therefore, I feel a little strange to support this conclusion. 1. I am interest in how much percentage of the patients with solitary gastric cancer and xanthoma will develop a metachronous gastric cancer after endoscopic resection for a initial lesion. Sekikawa A et al. (Ref #20) reported that gastric cancer occurred in 15 (14.0%) of 107 patients with gastric xanthoma, whereas it occurred in 14 (0.8%) of 1716 patients without ($p < 0.0001$) during the endoscopic follow-up period. I feel this difference has a great impact for the risk of developing gastric cancer. Therefore, I recommend that the authors show the follow-up data of 32% patients with solitary gastric cancer. 2. I recommend that the authors clarify the clinical importance from this study when a patient with solitary or metachronous and synchronous gastric cancer was detected gastric xanthoma. In other words, I am interested in if a patient with solitary gastric cancer and gastric xanthoma was in high-risk for metachronous recurrence after initial endoscopic treatment for early gastric cancer. 3. I am interested in if there are a relation between the number or size of gastric xanthoma and metachronous and synchronous gastric cancer. If the authors examined the detail of gastric xanthoma, please show them. 4. Is there are different prevalence of gastric xanthoma between metachronous and synchronous gastric cancer? Minor comments 1. Please show the definition of the term, “metachronous and synchronous”. 2. Please show the diagnostic methods used to detect H. pylori infection if possible. 3. What is O-P in the criteria of Kimura-Takemoto? Please explain it.

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PEER-REVIEW REPORT

Name of journal: World Journal of Gastrointestinal Oncology
Manuscript NO: 31949
Title: Gastric xanthoma is a predictive marker for metachronous and synchronous gastric cancer
Reviewer's code: 01468173
Reviewer's country: Japan
Science editor: Ze-Mao Gong
Date sent for review: 2016-12-20
Date reviewed: 2016-12-31

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

Thank you for submitting your manuscript. The author analyzed that gastric xanthoma has a potential to be a predictive marker for multiple gastric cancers. I have read this paper and had some queries concerning the clinical application. The following are the essential aspects that are missing which can significantly improve the value of this review. Major comments 1. How did the author think about the difference between a single cancer and multiple synchronous cancers? Great concern for the reader is to know whether a patient with gastric xanthoma is a high-risk patient or not for developing the metachronous cancer during follow-up. Could you comment about this issue? 2. There was no description of the diagnostic criteria about the gastric atrophy, intestinal metaplasia, or endoscopic features. 3. In this study, all endoscopic features were evaluated by only one endoscopist. Did he get the information of enrolled patients before judgement? 4. In the discussion, the author has speculated the reason why gastric cancer developed more frequently in patients with gastric xanthoma. However, in this

manuscript, the author discussed the difference between the single cancer and multiple cancers. Therefore, the author should speculate why multiple cancers developed more frequently in patients with gastric xanthoma.

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PEER-REVIEW REPORT

Name of journal: World Journal of Gastrointestinal Oncology
Manuscript NO: 31949
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CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
[ ] Grade A: Excellent	[ ] Grade A: Priority publishing	Google Search:	[ ] Accept
[ ] Grade B: Very good	[ ] Grade B: Minor language polishing	[ ] The same title	[ ] High priority for publication
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		[ ] The same title	
		[ ] Duplicate publication	
		[ ] Plagiarism	
		[Y] No	

COMMENTS TO AUTHORS

This retrospective study aims to investigate predictive markers for metachronous and synchronous gastric cancer (GC). I want to point out some problems of the manuscript. 1、In the part of introduction, metachronous and synchronous gastric cancer, and gastric xanthoma should be introduced well. 2、How is intestinal metaplasia assessed by image-enhanced endoscopy? Please state. 3、Why is $P < 0.2$ selected as the cut-off value in the univariate analysis? 4、There are many spelling mistakes in the manuscript.