

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Obstetrics and Gynecology

ESPS manuscript NO: 21273

Title: Evaluation of sentinel lymph nodes in vulvar, endometrial and cervical cancers

Reviewer's code: 03091779

Reviewer's country: Germany

Science editor: Fang-Fang Ji

Date sent for review: 2015-07-31 17:49

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CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input checked="" type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
<input checked="" type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C: Good		<input type="checkbox"/> Duplicate publication	
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Plagiarism	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade E: Poor		<input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Minor revision
	<input type="checkbox"/> Grade D: Rejected	BPG Search:	<input type="checkbox"/> Major revision
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

COMMENTS TO AUTHORS

Thank you for the opportunity to review this paper. It's a well written review of an important subject. A few questions should be reflected by the authors: Vulvar cancer: Authors concluded, that lymphadenectomy could be an option, if lymphedema had no negative influence to QoL. There are studies, which found even that QoL can be approved by avoid lymphadenectomy and lymph edema. Please include this. Endometrial cancer: The risk for LN-Metastasis is low for early stage Cancer (T1a, G1-2). So for which group of patients the authors suggest SLN, which patients should have a complete pelvic and paraaortal LND What is the role of paraaortic SN? Conclusions: Authors should include, that SLN increase the QoL in patients with vulvar cancer.

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Obstetrics and Gynecology

ESPS manuscript NO: 21273

Title: Evaluation of sentinel lymph nodes in vulvar, endometrial and cervical cancers

Reviewer's code: 02793505

Reviewer's country: Hungary

Science editor: Fang-Fang Ji

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Date reviewed: 2015-09-03 15:12

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input checked="" type="checkbox"/> Grade A: Priority publishing	Google Search:	<input checked="" type="checkbox"/> Accept
<input checked="" type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C: Good		<input type="checkbox"/> Duplicate publication	
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Plagiarism	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade E: Poor		<input checked="" type="checkbox"/> No	<input type="checkbox"/> Minor revision
	<input type="checkbox"/> Grade D: Rejected	BPG Search:	<input type="checkbox"/> Major revision
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

COMMENTS TO AUTHORS

This review is a very good synthesis of the current status of the sentinel node conception in gynecologic malignancies. The literature data are circumstantial and comprehensive. Although overall I agree with sentinel lymph node methodology, I feel some controversies in relation the tumour stage explanation. First of all, generally accepted that investigation of sentinel lymph node recommended in early stage of tumours. The clinical stage of most of the tumours minimally III. in case of positive lymph node, e.g. in vulvar cancer. The clinical stage is IIIC in endometrial cancer and IIIB in cervical carcinoma in that cases. These staging is independent the size of primary tumour. In my mind, clinical stage II. and higher clinical stages of the tumours must not determine as an early stage. On the basis of these data I would like to suggest that in publications dealing with sentinel lymph node investigations TNM staging should be prefer against clinical stage. These data were published in our reports, see below: Zámbo K., Schmidt E., Koppán M., Bódis J.: Is sentinel lymph node investigation useful for early tumour stages only? Eur J Nucl Med Mol Imaging 29(11): 1544, 2002. Zámbo K., Koppán M., Paál A., Schmidt E., Tinneberg H.R., Bódis J.: Sentinel lymph nodes in gynaecological malignancies: frontline between TNM and clinical staging systems? Eur J Nucl Med



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Mol Imaging 30(12): 1684-8. 2003. I suggest this review to accept.