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OPEN PEER REVIEW

Assessment on the Prognostic Validity of Dissected and Positive Lymph Node Counts and Lymph Node Ratio in Patients with Gastric Cancer: A Multi-central Cohort Study

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This open peer review (OPR) report shows the public comments made on this article during peer review, by the reviewers, the associate editor and the editor-in-chief, for every revision round, together with the authors' replies. Comments appear only with the consent of the people who wrote them. Reviewers who chose to sign their report are named; the others are shown as "Referee". Comments are edited for language only, and confidential remarks to the editors are not included.

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1 Original submission

1 comment · 13 Apr 2021

Referee 1 Reviewer

MAJOR REVISION 13 Apr 2021

PEER REVIEW FORM
Manuscript ID:
Title
1) Is the article TITLE appropriate?
Yes ☐ No*** ☐
2) Does the TITLE reflect the content properly?
Yes ☐ No** ☐
3) Are there any abbreviations in the TITLE without definitions?
Yes ☐ No** ☐
Abstract
4) Is the ABSTRACT structured?
Yes ☐ No **☐

5) Is the ABSTRACT accurate and adequate? (Does the ABSTRACT describe the content accurately?)
Yes ☐ No** ☐

Introduction
6) Are the objectives/hypotheses of the study clear? (Are the objectives clearly stated?)
Yes ☐ No** ☐

7) Does the INTRODUCTION include "What we know", "What we don't know", and the "Aims" of the current study?
Yes** ☐ No ☐

Materials and Methods
8) Do the authors clearly describe the selection of participants (patients, laboratory animals, or cell lines, including controls)?
Yes** ☐ No ☐
But the method of case selection before surgery is not clear. For example, EUS is crucial for local staging in gastric cancer, and laparoscopic exploration before surgery is recommended in most patients. On the other hand, the study is retrospective, and the method of case selection is not clear.

9) Is the study design described sufficiently?
Yes ☐ No** ☐

10) Is the study sample adequate?
Yes ☐ No ☐

11) Are the actual P values for primary analyses reported?
Yes ☐ No ☐ Does not apply ☐

12) Are the methods and apparatus (the manufacturer's name and address in parentheses) identifiable?
Yes ☐ No ☐ Does not apply ☐

13) Are the procedures identifiable in sufficient detail to allow other workers to reproduce the results?
Yes ☐ No** ☐ Does not apply ☐

14) Are references to established methods and brief descriptions of methods that have been published but are not well known given?
Yes ☐ No ☐ Does not apply ☐

15) Do the authors describe new or substantially modified methods, give reasons for using them, and evaluate their limitations?
Yes ☐ No ☐ Does not apply ☐

16) Are all drugs and chemicals used precisely identifiable, including generic name(s), dose(s), and route(s) of administration?
Yes ☐ No ☐ Does not apply ☐

17) Are inclusion/exclusion criteria explained?
Yes *☐ No ☐ Does not apply ☐

18) Is appropriate statistical analysis used?
Yes ☐ No ☐ Does not apply ☐

19) Are all statistical methods unambiguously identifiable?
Yes ☐ No ☐ Does not apply ☐

20) Are ethical considerations explained?
Yes **☐ No ☐ Does not apply ☐

Review Articles
21) Do the authors include a section describing the methods used for locating, selecting, extracting, and synthesizing data?
Yes ☐ No ☐

Case Report
22) Do the authors follow proper principles for writing a medical history and include its elements?
Yes ☐ No ☐

23) Is paraclinical examination indicated?
Yes ☐ No ☐
24) Is medical ethics for case presentation considered? (Are there any special ethical concerns arising from the use of human subjects?)
Yes ☐ No ☐
Results
25) Is the interpretation of RESULTS accurate?
Yes ☐ No* ☐

26) Are the RESULTS recorded appropriately?
Yes *☐ No ☐

27) Are the TABLES and FIGURES appropriate, clear, and adequate?
Yes* ☐ No ☐ Does not apply ☐

28) Are the results ¬presented in a logical sequence in the text, tables, and figures?
Yes *☐ No ☐

29) Are there repeated data in the TABLES and TEXT?
Yes ☐ No* ☐

30) Are the tables and figures needed to explain the argument of the paper and to assess its support?
Yes ☐ No *☐

31) Are there duplicate data in FIGURES and TABLES?
Yes ☐ No* ☐

Discussion

32) Is the DISCUSSION section relevant?
Yes ☐ No* ☐

33) Are the CONCLUSIONS justified & substantiated?
Yes ☐ No* ☐

34) Does the analysis support the CONCLUSIONS?
Yes ☐ No *☐

35) Are the CONCLUSIONS supported by the discussion?
Yes ☐ No *☐

References

36) Are the REFERENCES appropriate?
Yes* ☐ No ☐

37) Are the REFERENCES written properly?
Yes *☐ No ☐

38) Are references from the last 5 years included?
Yes* ☐ No ☐

General Review

39) Is proper style for medical writing used?
Yes ☐ No* ☐

40) Are unique terms and abbreviations defined when they are used for the first time?
Yes* ☐ No ☐

41) Are proper English grammar and writing used?
Yes ☐ No* ☐

42) Are any sections too long?
Yes ☐ No* ☐ Which one?

43) Are any sections too short?
Yes ☐ No* ☐ Which one?

44) Do you have any more comments?
Dear author, you are trying to emphasize limiting lymph node dissection in early gastric cancer, but for this aim, the anatomic boundaries of dissection should be explained. In my opinion, differences in the number of nodes when the surgeon performs the same dissection in all patients are due to chance.
So, to discuss this goal, the study should be prospective and compare two groups with the same characteristics.

45) Your Final Conclusion is:
Accept ☐,
Minor Revision ☐,
Major Revision **☐,
Reject ☐

46) Is the subject of the manuscript important and original? (Is the information, or the interpretation of the information, new?)

Yes** ☐ No ☐

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Revision 1

AUTHORS' RESPONSE TO REVIEWERS

Authors' reply to reviewers

The next pages contain the authors' point-by-point reply to the comments of this revision round, as submitted with the revised manuscript. It is published as the authors wrote it.

Dear reviewers,

Thank you so much for reviewing our work and sharing your ideas on this manuscript.
We have tried to take all comments into consideration and correct them to the best we could.
We are open to any further suggestions. Here we responded to each comment in detail.
All edited parts are highlighted. Figures and tables legends are mentioned at the end of main manuscript files.

Thank you so much in advance for your time,
We look forward to further steps,
Best Regards,

Reviewer 1:
PEER REVIEW FORM
Manuscript ID:
Title

1) Is the article TITLE appropriate?
Yes ☐ No*** ☐

The title is showing our main goal; to show the role of positive lymph node count and lymph node ratio in predicting the overall survival
2) Does the TITLE reflect the content properly?
Yes ☐ No** ☐
Our aim was to evaluate the prognostic validity of dissected lymph nodes status on survival which is the reason we chose this topic, please kindly let us know if you have any suggestion.

3) Are there any abbreviations in the TITLE, without definition?
Yes ☐ No** ☐
Abstract
4) Is the ABSTRACT structured?
Yes ☐ No ** ☐
The abstract of this manuscript is structured into Introduction, methods, results and conclusion.

5) Is the ABSTRACT accurate and adequate? (Does the ABSTRACT describe the content accurately?)
Yes ☐ No** ☐
We tried to describe our aim and introduction in the background section, our method in the following section, the results are summarized in the third section and our final conclusion is described in the latest part.

Introduction

6) Are the objectives/hypotheses of the study clear? (Are the objectives clearly stated?)

Yes ☐ No** ☐

In page 3 line 48 we clearly described our objectives and primary hypothesis.

7) Does INTRODUCTION include: “What we know”, “What we don’t know” and “Aims” of current study?

Yes** ☐ No ☐

Materials and Methods

8) Do the authors clearly describe selection of participants (patients, laboratory animals, or cell lines, including controls)?

Yes** ☐ No ☐

But it’s not clear the method of case selection before surgery , for example for local staging in gastric cancer EUS is crucial and before surgery in most patients laparoscopic exploration is recommended . on the other hand the study is retrospective and the method of case selection is not clear .

At our center, the deal is to avoid routine Endoscopic ultrasonography and laparoscopic exploration prior to the gastrectomy since about 10 years ago. So, we have included all patients regardless of the local staging.

Regarding the case selection, we have included all patients with operable gastric cancer during the study period, only few of the are excluded according to the mentioned exclusion criterion. Page 4 line 65.

9) Is the study design described sufficiently?

Yes ☐ No** ☐

10) Are the studied sample adequate?

Yes ☐ No ☐

11) Are the actual P values for primary analyses reported?

Yes ☐ No ☐ Does not apply ☐

12) Are the methods, and apparatus (the manufacturer’s name and address in parentheses) identifiable?

Yes ☐ No ☐ Does not apply ☐

13) Are the procedures identifiable in sufficient detail to allow other workers to reproduce the results?

Yes ☐ No** ☐ Does not apply ☐

We have tried to explain in the best way we can, if there is anything we can improve please kindly let us know.

14) Are the references to established methods and brief descriptions for methods that have been published but are not well known, given?

Yes ☐ No ☐ Does not apply ☐
15) Do the authors describe new or substantially modified methods, give reasons for using them, and evaluate their limitations?
Yes ☐ No ☐ Does not apply ☐
16) Are all used drugs and chemicals precisely identifiable, including generic name(s), dose(s), and route(s) of administration?
Yes ☐ No ☐ Does not apply ☐
17) Are inclusion/exclusion criteria explained?
Yes *☐ No ☐ Does not apply ☐
18) Is appropriate statistical analysis used?
Yes ☐ No ☐ Does not apply ☐
19) Are all statistical methods identifiable unambiguously?
Yes ☐ No ☐ Does not apply ☐
20) Are ethical considerations explained?
Yes **☐ No ☐ Does not apply ☐

Results
25) Is the interpretation of RESULTS accurate?
Yes ☐ No* ☐
26) Are the RESULTS recorded appropriately?
Yes *☐ No ☐
27) Are the TABLES and FIGURES appropriate, clear, and adequate?
Yes* ☐ No ☐ Does not apply ☐
28) Are the results ¬presented in logical sequence in the text, tables, and figures?
Yes *☐ No ☐
29) Are there repeat data in the TABLES and TEXT?
Yes ☐ No* ☐
30) Are the tables and figures needed to explain the argument of the paper and to assess its support?
Yes ☐ No *☐
All results are explained in detail in tables, please let us know if any more detail is required.
31) Are there duplicate data in FIGURES and TABLES?
Yes ☐ No* ☐

Discussion

32) Is the DISCUSSION section relevant?
Yes ☐ No* ☐
33) Are the CONCLUSIONS justified & substantiated?
Yes ☐ No* ☐
34) Does the analysis support CONCLUSIONS?
Yes ☐ No *☐
35) Are the CONCLUSIONS supported by the discussion?

Yes ☐ No *☐

36) Are the REFERENCES appropriate?
Yes* ☐ No ☐
37) Are the REFERENCES written properly?
Yes *☐ No ☐
38) Are references for the last 5 years included?
Yes* ☐ No ☐

General Review
39) Is proper style for medical writing used?
Yes ☐ No* ☐
40) Are unique terms and abbreviations defined, when they are used for the first time?
Yes* ☐ No ☐
41) Is proper English grammar and writing used?
Yes ☐ No* ☐
We double checked the whole document with a native English speaker and corrected the mistakes we found. However, the overall writing is in British English and some differences in spellings may be because of that.

42) Are there any sections too long?
Yes ☐ No* ☐ Which one?
43) Are there any sections too short?
Yes ☐ No* ☐ Which one?
44) Do you have any more comments?
Dear author is trying to emphasize on limiting lymph node dissection in early gastric cancer but for this aim anatomic boundaries of dissection should be explained and difference in number of nodes when surgeon is performing the same dissection in all patients is by chance , in my opinion. So for discussing about in this goal, the method of study should be prospective and comparing two groups with the same characteristics to each other.
All patients have undergone locoregional lymph node dissection as a routine protocol of our department and the number of dissected lymph nodes were determined accordingly. For each patient, the region of dissection was clearly determined.

45) Your Final Conclusion is:
Accept ☐,
Minor Revision ☐,
Major Revision **☐,
Reject ☐
46) Is the subject of the manuscript important and original? (Is the information, or the interpretation of the information, new?)
Yes** ☐ No ☐

Reviewer 2:
The conclusion of this study will be more conflicting, especially it is the result of a retrospective study .I accept as a whole because it brings out a new concept which can be a base for future prospective studies. I suggest some revisions:
!) Introduction line 36 invasive may be applied insteal invaded.
Corrected.

LIne 158 I think amid the disagreement is better than despite the agreement.
Corrected.

Line 179 By decreasing the? That sentence was wrong and deleted.

2) I think the word" correlation" is better than" association" in lines 11,13,14,48,158,197 and in tables 1,2,4.
Thanks for the suggestion. They are all substituted.

2 Revision 1

0 comments

No public comments in this round.