**PEER-REVIEW REPORT**

**Name of journal:** World Journal of Gastrointestinal Surgery  
**Manuscript NO:** 78895  
**Title:** Metastatic lymph nodes and prognosis assessed by the number of retrieved lymph nodes in gastric cancer  
**Provenance and peer review:** Unsolicted manuscript; Externally peer reviewed  
**Peer-review model:** Single blind  
**Reviewer’s code:** 05194798  
**Position:** Editorial Board  
**Academic degree:** MD  
**Professional title:** Director  
**Reviewer’s Country/Territory:** Japan  
**Author’s Country/Territory:** China  
**Manuscript submission date:** 2022-07-20  
**Reviewer chosen by:** AI Technique  
**Reviewer accepted review:** 2022-08-03 09:11  
**Reviewer performed review:** 2022-08-11 00:01  
**Review time:** 7 Days and 14 Hours

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<tr>
<th>Scientific quality</th>
<th>[ ] Grade A: Excellent</th>
<th>[ ] Grade B: Very good</th>
<th>[ ] Grade C: Good</th>
<th>[Y] Grade D: Fair</th>
<th>[ ] Grade E: Do not publish</th>
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<th>Language quality</th>
<th>[ ] Grade A: Priority publishing</th>
<th>[Y] Grade B: Minor language polishing</th>
<th>[ ] Grade C: A great deal of language polishing</th>
<th>[ ] Grade D: Rejection</th>
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<th>Conclusion</th>
<th>[ ] Accept (High priority)</th>
<th>[ ] Accept (General priority)</th>
<th>[ ] Minor revision</th>
<th>[Y] Major revision</th>
<th>[ ] Rejection</th>
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<th>Re-review</th>
<th>[Y] Yes</th>
<th>[ ] No</th>
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SPECIFIC COMMENTS TO AUTHORS
This manuscript is an original article that retrospectively investigated the relationship between metastatic LNs and retrieved LNs and analyzed the optimal cut-off value of RLNs in the patients with gastric cancer. The authors showed that the number of MLNs increased with an increasing number of RLNs and elucidated the optimal number of RLNs in each pT stage. Furthermore, the authors showed that RLNs were an independent risk factor associated with the patients with gastric cancer. This study was conducted well, and presented clearly. And, it contains informative information, which will be of interest to clinicians in the field. However, I have serious concern in this manuscript. Major 1. The authors provided the recommendation regarding the number of RLNs in each pT stage in the Conclusion. However, I think it’s difficult to control the number of RLNs while systematic D2/D2+ LNs dissection is performed. I can’t understand how to apply this conclusion in clinical practice. 2. Histology and additional treatment such as chemotherapy can influence the prognosis. That information should be provided. Minor 1. Please insert “gastric cancer” in the title. 2. (Abstract) Please provide an unabbreviated word of GC in BACKGROUND. 3. The authors stated that for patients with pT1, pT2 and pT4 stage cancers, adding RLNs prolonged the 5-year survival rate of patients. However, it seems that it’s not true in patients with pT4 patients in Table 2. 4. (P16L2) Please provide an unabbreviated word of DFS. 5. (P16L4-5) “Laparoscopic” is duplicated. 6. The conclusion is duplicated. I think they are put together in the Conclusions section.
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Provenance and peer review: Unsolicited manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer’s code: 05085948

Position: Associate Editor

Academic degree: MD, PhD

Professional title: Assistant Professor

Reviewer’s Country/Territory: Italy

Author’s Country/Territory: China

Manuscript submission date: 2022-07-20

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-08-29 12:20

Reviewer performed review: 2022-09-07 04:52

Review time: 8 Days and 16 Hours

Scientific quality [ ] Grade A: Excellent [ ] Grade B: Very good [Y] Grade C: Good

[ ] Grade D: Fair [ ] Grade E: Do not publish

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 [Y] Yes [ ] No
SPECIFIC COMMENTS TO AUTHORS
The retrospective nature of this work definitively downsizes the importance of an extensive LN harvesting in radical treatment of GC; nevertheless I think the correlation between T stage and number of metastatic nodes is an interesting aspect that suggests further studies in the future. Some observations: - Typing error in discussion: (laparoscopic: 24 vs laparoscipic: 26) and stage... GC in the next page - Tables 3 and 4 are quite confused: too many little numbers