



SDI Review Form 1.6

Journal Name:	<u>Journal of Cancer and Tumor International</u>
Manuscript Number:	Ms_JCTI_35246
Title of the Manuscript:	Histopathological analysis for omental deposits in patients with gastric malignancies following gastrectomy
Type of the Article	Original Research Article

General guideline for Peer Review process:

This journal's peer review policy states that **NO** manuscript should be rejected only on the basis of '**lack of Novelty**', provided the manuscript is scientifically robust and technically sound.

To know the complete guideline for Peer Review process, reviewers are requested to visit this link:

(<http://www.sciencedomain.org/page.php?id=sdi-general-editorial-policy#Peer-Review-Guideline>)



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PART 1: Review Comments

	Reviewer's comment	Author's comment (if agreed with reviewer, correct the manuscript and highlight that part in the manuscript. It is mandatory that authors should write his/her feedback here)
<u>Compulsory</u> REVISION comments	No positive findings: we do not know what the path status of omentum was, so it is not possible to ascertain whether metastasis were overlooked. Data on the preoperative status of the patients are not clear. While it is important to ask the pathologist to search the omentum for malignancies, in the paper there are no data in support of the quest.	Thank you very much for reviewing our manuscript. We sincerely appreciate all the inputs and criticisms. No positive findings: we do not know what the pathological status of omentum was, so it is not possible to ascertain whether metastasis were overlooked. Response: We agree that it is not possible to ascertain whether metastasis were overlooked. It was really the purpose of the study. If pathologists are not evaluating the greater omentum routinely and thoroughly, as surgeons then we should not be considering doing omentum preserving gastrectomy. Data on the preoperative status of the patients are not clear. Response: We agree. The study was an audit based on histopathology reports and therefore did not include preoperative assessment and findings. While it is important to ask the pathologist to search the omentum for malignancies, in the paper there are no data in support of the quest. Response: we avoided providing an extensive literature on the importance of the milky spots, we



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		have mentioned that they are the primary sites for seeding by tumour cells. Furthermore, we wrote that finding of cancer cells in greater omentum portrays Stage 4 disease. It is important for pathologists to make us aware else the cancer will be under-staged. Alternatively, we will continue to glorify omentum preserving gastrectomy even when it is not appropriate. <i>Hopeful when the work is published it will lead to change in practice, which is our aim.</i>
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<u>Minor</u> REVISION comments	Most of the tabs are already summarized in the test. Figures repeat data in the tables.	Response: We avoided repeating everything that is contained in tables and figures. We do not agree that majority of results stated in the text are repeated. We have rechecked all the Tables and Figures; and in no case is more than 1/3 of what is contained repeated in the text.
<u>Optional/General</u> comments	The paper is only a generic quest to pathologists to better analyse the omentum	Perhaps the following background may be of assistance to the reviewer as most of the questions are too broad and generic: 1. The study was motivated by the established cut of definition of D1 versus D2 gastrectomy which uses a cut-off of 16 lymph nodes. 2. The greater omentum is almost always resected during gastrectomy for cancer, and often ends up being the largest piece of tissue. 3. We erroneously thought there were lymphatics and therefore lymph nodes in the greater omentum; which if included in the count would easily reach the magic 16. 4. Practically, however it has been rare to reach the count following majority of gastrectomies. 5. The average number of lymph nodes in each station according to the Japanese Classification is known but up to recently there is nothing reported regarding the greater omentum. 6. We initiated a study for a Master degree with Department of Anatomy which was aborted because they reported that it was very difficult to look for "normal" lymph nodes in the greater omentum. 7. It then motivated the current study. 8. Additionally, popularization of omentum preserving gastrectomy (high recurrence when it is preserved versus high morbidity if it is resected).