Second review, Statins and risk of gastric cancer in diabetes patients.

While this manuscript describes a strong study design and analysis, and the results are important, it still does not meet the standards of scientific reporting. My reasons for stating this are as follows:

1. The paper still contains many confusing statements and redundancies. I believe this is due to the fact that the authors’ first language is not English. I reproduce here advice from another Journal website:

Non-native speakers of English
Authors who are not native speakers of English who submit manuscripts to international journals often receive negative comments from referees or editors about the English-language usage in their manuscripts, and these problems can contribute to a decision to reject a paper. To help reduce the possibility of such problems, we strongly encourage such authors to take at least one of the following steps:

• Have your manuscript reviewed for clarity by a colleague whose native language is English.
• Use a service such as one of those listed below. An editor will improve the English to ensure that your meaning is clear and identify problems that require your review. Note that the use of such a service is at the author's own expense.

Nature Publishing Group Language Editing (http://languageediting.nature.com)
American Journal Experts (https://www.journalexerts.com/?rcode=NATURE)
Inter-Biotec (http://www.inter-biotec.com)
Inter-Biotec also provides a free online writing course (http://www.inter-biotec.com/biowc/biowc.html) to help biomedical scientists whose first language is not English to write and publish their papers in English-language journals.
SPI Professional Editing Services (http://www.prof-editing.com)
Write Science Right (http://www.writescienceright.com)

2. There should be a paragraph in the discussion about the potential confounding by low LDL. This is a classic case of whether the effect is due to the drug or is due to confounding by indication – LDL level. This point was raised by one reviewer but not addressed adequately. There should be a sentence or two about
the role of LDL (regardless of statin use) in gastric cancer etiology and a statement about how the potential for confounding by indication may have influenced the observed results.

3. There are two misstatements in the paper that need to be corrected; both were pointed out in my initial review: 1) the last sentence of the first paragraph of the discussion states that, in these data, “There was no significant correlations between gastric cancer risk and prescriptions for aspirin.” This is contradicted by table 2, where there is a significantly reduced OR for aspirin use in both univariate and multivariable analyses. B) The end of the first sentence of the discussion is not true: “… the risk of gastric cancer has not been evaluated in association with statin use”. The authors themselves, in their introduction, refer to a meta-analysis that calculated a RR for gastric cancer. See the review (Browning and Martin, 2006. Int J Ca 120:833-43) which refers to at least 2 studies (one in the General Practice Research Database and a Dutch record linkage study) that showed results for gastric cancer. In addition, a nested case control study by Vinogradova et al, BMC Cancer Sept 2011 (online publication) reported an OR of 0.86 (95% CI 0.72-1.02) for stomach cancer based on 1992 cases and 8279 controls. (I understand that the last publication listed was not available upon initial submission of the article but has been available since September and should now be included.) I believe what the authors meant to say was that there was not large case-control study specifically of gastric cancer yet conducted, which is true. Thus the sentence should be stated this way.

4. My previous comment #7 was apparently not understood because it was not addressed. Was statin use in the 6 months prior to diagnosis included in the analysis? One sentence in the manuscript implied that this was so, (p. 7, first sentence under 3.3”: “…99 patients had statin therapy >6 months prior the the diagnosis of gastric cancer”. This is an ambiguous sentence; I think now it means patients used statins for a duration of more than 6 months, and this use occurred prior to the cancer diagnosis.

5. It is clear that somehow information on statin use outside the Samsung Medical Center was ascertained. However this paragraph describing how (top of page 5) is not understandable.

6. End of first full paragraph on page 9, discussion potential bias in using diabetes patients from the large tertiary hospital. Since both cases and controls were diabetes patients from the same hospital, this bias will not operate in this study.

In conclusion, this important study deserves to be published but the authors first must improve the writing to meet current standards for scientific publication. I offer this advice most respectfully.

Level of interest: An article of importance in its field

Quality of written English: Not suitable for publication unless extensively edited
Statistical review: No, the manuscript does not need to be seen by a statistician.

Declaration of competing interests:
'I declare that I have no competing interests'