Reviewer’s report

Title: The quality of life after a total gastrectomy with extended lymphadenectomy and Omega type oesophagojejunostomy for gastric adenocarcinoma without distant metastases

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Reviewer: Daniele Marrelli

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The aim of the present study was to evaluate the quality of life (QOL) in patients submitted to curative total gastrectomy with Omega type esophagojejunostomy for gastric adenocarcinoma, using a standardized questionnaire. A positive influence of advanced age (over 65) was observed on QOL, whereas sex, clinical stage, surgical complications, and postoperative chemotherapy had no significant influence on any aspect of QOL. Authors concluded that the global QOL and the social functioning was better in patients aged 65 years and over, compared to younger patients, in the period of 6 to 18 months after a total gastrectomy with extended lymphadenectomy and Omega type esophagojejunostomy.

Comments.

Studies about QOL after surgical treatment for gastric cancer are potentially interesting. However, the present study has several critical points and methodological remarks which may seriously affect the scientific value.

Major Compulsory Revisions

1) the design of the study (retrospective?) should be clearly outlined
2) “69 patients still alive 6 to 18 months” were included, but only 36 responded to questionnaire. May this be considered a potential bias?
3) Patients included in this study were “still alive”, but no information about the presence of tumor recurrence is provided. This is important as most of recurrences from gastric cancer occur in the first 24 months after R0 surgery, and they may remarkably affect QOL
4) Authors stated that patients with “gastric adenocarcinoma submitted to total gastrectomy with Omega type esophagojejunostomy” were included in this study. Why were these patients treated by total gastrectomy? Were all proximal neoplasms? How many patients were treated by subtotal gastrectomy in the considered period? This is important as QOL is much better after subtotal than total gastrectomy
5) In Methods, the recent TNM classification was adopted for tumor staging; the 7th TNM edition classifies carcinomas with the epicentre located within 5 cm of the esophagogastric junction (EGJ) and also extending to the esophagus as esophageal cancer for TNM staging. Was this considered by the Authors?
6) Authors stated that adjuvant chemotherapy had no influence on quality of life, but data regarding QOL according to number of cycles and type of chemotherapy are not presented. It may be reasonable that younger patients were more frequently submitted to adjuvant chemo, or to more aggressive drugs: this may be an important bias potentially affecting QOL in younger patients as compared with elderly, and should be clearly ruled out.

7) A multivariate analysis, or at least a stratified analysis according to age group and chemotherapy is necessary.

8) The most important limitation of this study is the lack of a control group. This should be clearly remarked in Abstract and the Discussion, together with the small sample size.

9) In Discussion, no potential explanation, at least speculative, is provided about the very uncommon and rather “surprising” findings of the study. On the whole, I’m unconvinced that the present study provides documented evidence that advanced age influences positively QOL after total gastrectomy for gastric cancer.

**Level of interest:** An article of limited interest

**Quality of written English:** Needs some language corrections before being published

**Statistical review:** Yes, and I have assessed the statistics in my report.

**Declaration of competing interests:**

'I declare that I have no competing interests' below"