

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 31194

Title: Detection of metastatic cancer cells in mesentery of colorectal cancer patients

Reviewer's code: 03505493

Reviewer's country: Italy

Science editor: Ze-Mao Gong

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CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
<input checked="" type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C: Good		<input type="checkbox"/> Duplicate publication	
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Plagiarism	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade E: Poor	<input type="checkbox"/> Grade D: Rejected	<input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Minor revision
		BPG Search:	<input type="checkbox"/> Major revision
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

COMMENTS TO AUTHORS

In this paper, Huelai Luo et al well describe an interesting study about isolated cancer cells in the mesentery of colorectum (named as Metastasis V). This is an interesting point, and the issue of metastasis in patients with colorectal cancer is of main importance. As first impression, the abbreviation of Metastasis V doesn't sound good. I strongly suggest to change this abbreviation is something more similar and/or more understandable (e.g.: ICS or ICSM). Moreover, change "isolated cancer cells in the mesentery of colorectal (named as Metastasis V)" in "isolated cancer cells in the mesentery of colorectum" or "large bowel" in many parts of the paper you are using the adjective of colorectal as noun, but the noun is colorectum or colon-rectum or large bowel. You have already use this type of acronym also for gastric cancer, so this is not mandatory but a suggestion, above all for the reader. Notably, I have read with great interest the part "Little is known about the exact route or mechanism of Metastasis V. It was hypothesized that primary tumor lesions penetrates the intestinal wall, and then the cancer cells could probably scatter into the fatty tissues enveloped by proper fascia. In

this way, Metastasis V occurs not only in CRC and gastric cancers, but also in oral and head-neck tumors [12-14]". With these citations: 12. Alvi A, Johnson J T. Extracapsular spread in the clinically negative neck (N0): implications and outcome. *Otolaryng Head Neck Surg.* 1996; 114: 65-70[PMID: 8570253] 13. Woolgar JA, Rogers SN, Lowe D, et al. Cervical lymph node metastasis in oral cancer: the importance of even microscopic extracapsular spread. *Oral Oncol.* 2003; 39:130-7[PMID: 12509965] 14. Hirabayashi H, Koshii K, Uno K, et al. Extracapsular spread of squamous cell carcinoma in neck lymph nodes: prognostic factor of laryngeal cancer. *Laryngoscope.* 1991; 101:502-6[PMID: 2030629 DOI: 10.1288/00005537-199105000-00010] I strongly suggest to read and cite these references, that are more appropriate: 1. Extranodal extension of lymph node metastasis is a marker of poor prognosis in oesophageal cancer: a systematic review with meta-analysis. Luchini C, Wood LD, Cheng L, Nottegar A, Stubbs B, Solmi M, Capelli P, Pea A, Sergi G, Manzato E, Fassan M, Bagante F, Bollschiweiler E, Giacomuzzi S, Kaneko T, de Manzoni G, Barbareschi M, Scarpa A, Veronese N. *J Clin Pathol.* 2016 Jul 7. pii: jclinpath-2016-203830. 2. Extranodal Extension of Nodal Metastases Is a Poor Prognostic Indicator in Gastric Cancer: a Systematic Review and Meta-analysis. Veronese N, Fassan M, Wood LD, Stubbs B, Solmi M, Capelli P, Pea A, Nottegar A, Sergi G, Manzato E, Carraro S, Maruzzo M, Cataldo I, Bagante F, Barbareschi M, Cheng L, Bencivenga M, de Manzoni G, Luchini C. *J Gastrointest Surg.* 2016 Oct;20(10):1692-8. 3. Prognostic impact and implications of extracapsular lymph node involvement in colorectal cancer: a systematic review with meta-analysis. Veronese N, Nottegar A, Pea A, Solmi M, Stubbs B, Capelli P, Sergi G, Manzato E, Fassan M, Wood LD, Scarpa A, Luchini C. *Ann Oncol.* 2016 Jan;27(1):42-8. 4. Extranodal extension is an important prognostic parameter for both colonic and rectal cancer. Luchini C, Nottegar A, Pea A, Solmi M, Stubbs B, Capelli P, Sergi G, Manzato E, Fassan M, Wood LD, Scarpa A, Veronese N. *Ann Oncol.* 2016 May;27(5):955-6. 5. Prognostic impact of extra-nodal extension in thyroid cancer: A meta-analysis. Veronese N, Luchini C, Nottegar A, Kaneko T, Sergi G, Manzato E, Solmi M, Scarpa A. *J Surg Oncol.* 2015 Dec;112(8):828-33. 6. Extranodal extension in N1-adenocarcinoma of the pancreas and papilla of Vater: a systematic review and meta-analysis of its prognostic significance. Luchini C, Veronese N, Pea A, Sergi G, Manzato E, Nottegar A, Solmi M, Capelli P, Scarpa A. *Eur J Gastroenterol Hepatol.* 2016 Feb;28(2):205-9. The last question is: do the Authors suggest to perform immunohistochemical analysis on every case of colorectal cancer? I thi



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		<input checked="" type="checkbox"/> No	

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It should be important to see the location of colorectal cancer in all cases and the TNM stage of the cancer. In the 14 patients showing metastasis V 12 of them had rectal location.Can you explain this fact?