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PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

Manuscript NO: 33010

Title: Advances in surgical management for locally recurrent rectal cancer: how far have we come?

Reviewer's code: 00069988

Reviewer's country: Croatia

Science editor: Yuan Qi

Date sent for review: 2017-02-04

Date reviewed: 2017-02-05

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 type="checkbox"/> Grade B: Very good	<input 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"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Duplicate publication	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input type="checkbox"/> Plagiarism	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input type="checkbox"/> No	<input type="checkbox"/> Major revision
		BPG Search:	
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input type="checkbox"/> No	

COMMENTS TO AUTHORS

Excellent narrative review of the topic that is still not completely solved.



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PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

Manuscript NO: 33010

Title: Advances in surgical management for locally recurrent rectal cancer: how far have we come?

Reviewer's code: 00043396

Reviewer's country: Singapore

Science editor: Yuan Qi

Date sent for review: 2017-02-04

Date reviewed: 2017-02-08

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

COMMENTS TO AUTHORS

This is an interesting topic of current interest. The authors have summarized nicely the current research and status of locally recurrent rectal cancer. However the paper requires extensive grammatical and English revision. None of the pages are numbered which also makes comments difficult. These few comments give an indication of some of the English which require corrections Eg second line of intro: declined should be decline. 2nd para 3rd line "reported on the 5 year recurrence rate" should be "reported on the 5 year recurrence rates. 6th line "The recurrence has the" should be "A recurrence may have the". The table showing contraindications: Isnt primary disease stage 4 the same as that group with Distant Metastases? In the reference to Royal Marsden Hospital it is not necessary to state what the hospital is as we are not in the advertising business.

PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

Manuscript NO: 33010

Title: Advances in surgical management for locally recurrent rectal cancer: how far have we come?

Reviewer's code: 03259934

Reviewer's country: Germany

Science editor: Yuan Qi

Date sent for review: 2017-02-04

Date reviewed: 2017-02-17

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input checked="" type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input type="checkbox"/> High priority for publication
<input checked="" 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

This is well written review on the surgical management for locally recurrent rectal cancer. The manuscript is easy to read for those not familiar with surgical techniques, the structure is very didactic. There may be some aspects that, if addressed, could increase the value of this paper: 1. Are distant metastases always a contraindication for pelvic exenteration? What about a small liver or lung lesion, stable under systemic chemotherapy. Performing the exenteration will control the local progression and avoid complications. Please comment. 2. In how many cases was a bladder involvement proven by histology? Can this be reliable investigated preoperatively? 3. Are there any data regarding the quality of life after pelvic exenteration with sacrectomy? 4. Does a neoadjuvant radiochemotherapy play a role? 5. Please stress that the best survival data is for anastomotic recurrence, this should be always a straight decision to operate. 6. May preoperative embolization of pelvic arteries facilitate a reduced intraoperative morbidity and bleeding? 7. Do latissimus dorsi flaps play a role? In some patients usual



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use flaps cannot be used.