



**PEER-REVIEW REPORT**

**Name of journal:** World Journal of Gastrointestinal Surgery

**Manuscript NO:** 34850

**Title:** Laparoscopic complete mesocolic excisions for colonic cancer in the last decade: Five-year survival in a single centre

**Reviewer's code:** 03563654

**Reviewer's country:** Turkey

**Science editor:** Fang-Fang Ji

**Date sent for review:** 2017-06-12

**Date reviewed:** 2017-06-12

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**

This is a study about CME. I have some suggestions. 1- How many of the patients were robotic operated? 2- "CME is important due to its high rate of metastatic lymph node removal."(Surg Laparosc Endosc Percutan Tech. 2017 Jun;27(3):154-157. doi: 10.1097/SLE.0000000000000389.) and (Med Sci Monit. 2014 Aug 4;20:1369-75. doi: 10.12659/MSM.890804.) I suggest both of these uptodate studies for the references.



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**Name of journal:** World Journal of Gastrointestinal Surgery

**Manuscript NO:** 34850

**Title:** Laparoscopic complete mesocolic excisions for colonic cancer in the last decade: Five-year survival in a single centre

**Reviewer's code:** 01588974

**Reviewer's country:** Japan

**Science editor:** Fang-Fang Ji

**Date sent for review:** 2017-06-12

**Date reviewed:** 2017-06-13

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**

Authors analyzed the outcome of the colon cancer patients that received laparoscopic complete mesocolic excision (CME) with central vascular ligation in their hospital. The surgical method they utilized is reasonable irrespective of the tumor location. Postoperative morbidity, mortality and the prognosis are acceptable. The finding that those who had anastomotic leakage showed poorer prognosis is an important information. One thing I am concerned about is the indication of this surgical method. There are several Stage 0 and many Stage I patients included in this study. Usually, patients with Stage 0 and most of the cases with Stage I, when the depth of invasion is limited to T1, do not need central ligation. So the indication of this surgical procedure in their facility need to be explained.



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**Name of journal:** World Journal of Gastrointestinal Surgery

**Manuscript NO:** 34850

**Title:** Laparoscopic complete mesocolic excisions for colonic cancer in the last decade: Five-year survival in a single centre

**Reviewer's code:** 03475779

**Reviewer's country:** Italy

**Science editor:** Fang-Fang Ji

**Date sent for review:** 2017-06-12

**Date reviewed:** 2017-06-15

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input checked="" type="checkbox"/> Grade A: Priority publishing	Google Search:	<input checked="" 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"/> 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"/> No	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		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

Good paper well written on a topic of interest