

PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Cases

Manuscript NO: 39513

Title: Current status of surgery for colorectal liver metastases

Reviewer's code: 02541992

Reviewer's country: France

Science editor: Jin-Lei Wang

Date sent for review: 2018-06-20

Date reviewed: 2018-06-21

Review time: 1 Day

SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION	PEER-REVIEWER STATEMENTS
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	<input type="checkbox"/> Accept	Peer-Review:
<input checked="" type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language	(High priority)	<input checked="" type="checkbox"/> Anonymous
<input type="checkbox"/> Grade C: Good	polishing	<input type="checkbox"/> Accept	<input type="checkbox"/> Onymous
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of	(General priority)	Peer-reviewer's expertise on the
<input type="checkbox"/> Grade E: Do not	language polishing	<input checked="" type="checkbox"/> Minor revision	topic of the manuscript:
publish	<input type="checkbox"/> Grade D: Rejection	<input type="checkbox"/> Major revision	<input checked="" type="checkbox"/> Advanced
		<input type="checkbox"/> Rejection	<input type="checkbox"/> General
			<input type="checkbox"/> No expertise
			Conflicts-of-Interest:
			<input type="checkbox"/> Yes
			<input checked="" type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS

Thank you to invite me to review the manuscript entitled "Current status of surgery for colorectal liver metastases". This a systematic review analyzing treatment of colorectal liver metastasis. Four authors from China are listed. The article is very interesting and well-documented. I really like it. Yet, it is not that well-written; as the subject is



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sometimes complex, I think it should be improved. Also, I suggest a few corrections: _ a definition of resecability (page 5) and a definition of unresecability (page15). Please, discuss discrepancy between these definitions. _ in Evaluation of the future liver remnant (FLR), the authors propose that $FLR > 30\%$; yet, 20% seems to be the cut-off leading to major increase in morbi-mortality. Please, clarify. _ regarding portal vein ligation and embolization, please clarify that in case of two stages hepatectomy, PVL should be preferred. Otherwise, PVE seems to be more appropriate. _ page 19, regarding chemotherapy in case of Wild-Kras, the paragraph is unclear. Please, clarify. In conclusion, I recommend major revisions.

INITIAL REVIEW OF THE MANUSCRIPT

Google Search:

- ☐ The same title
- ☐ Duplicate publication
- ☐ Plagiarism
- ☐ No

BPG Search:

- ☐ The same title
- ☐ Duplicate publication
- ☐ Plagiarism
- ☐ No

PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Cases

Manuscript NO: 39513

Title: Current status of surgery for colorectal liver metastases

Reviewer's code: 01441415

Reviewer's country: Japan

Science editor: Jin-Lei Wang

Date sent for review: 2018-06-20

Date reviewed: 2018-07-15

Review time: 25 Days

SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION	PEER-REVIEWER STATEMENTS
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	<input type="checkbox"/> Accept	Peer-Review:
<input type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language	(High priority)	<input type="checkbox"/> Anonymous
<input type="checkbox"/> Grade C: Good	polishing	<input type="checkbox"/> Accept	<input type="checkbox"/> Onymous
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of	(General priority)	Peer-reviewer's expertise on the
<input type="checkbox"/> Grade E: Do not	language polishing	<input type="checkbox"/> Minor revision	topic of the manuscript:
publish	<input type="checkbox"/> Grade D: Rejection	<input type="checkbox"/> Major revision	<input type="checkbox"/> Advanced
		<input type="checkbox"/> Rejection	<input type="checkbox"/> General
			<input type="checkbox"/> No expertise
			Conflicts-of-Interest:
			<input type="checkbox"/> Yes
			<input type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS

The manuscript by Feng Xu, et al. is a review on a very interesting topic on current surgical strategy for colorectal liver metastases. This topic is ever-changing in the way to improve outcome for patients who suffer from advanced colorectal malignancy. Here are concerns to strengthen the manuscript. 1. The referenced studies should be clearly

described as to their year established, authors, especially article type should be put into consideration since it reflects the reliability of the data. Also, the referenced studies' quality should be carefully reviewed, best quality studies published and the time of the review can improve the review by leaps and bounds. 2. (Definition of resectability of CRLM) the conclusion as to whether limited indication or extended indication is currently accepted should be shown. If the author would suggest extended indication for CRLM, is it conflicting with the study quoted? Is there any explanation for worse long term outcome in extended indication in the referenced study? Is there other confounding factors for worse overall survival that should be considered? Are there other studies that answer this topic more clearly? 3. (Imaging modalities) The subheadings should be a) sensitivity in detection intrahepatic and extra hepatic metastases, either occult or not, as well as disappearing liver metastases, b) pre-operative anatomical localization, c) intra-operative detection. The topics were vaguely explained which may cause confusion. There is meta-analysis on this topic which gives different result especially regarding chemotherapeutic effects on imaging. In standard treatment protocol, such as NCCN, PET-CT was indicated in specific circumstance only, this issue should also be noted. 4. (Evaluation of the future liver remnant) Other contributing factors for postoperative liver failure other than remnant volume and function should be noted. Chemotherapy-associated liver injury is different in certain chemotherapeutic drugs and number of cycles given. These too should be explained. If ICG15 does not correlate with pathological sinusoidal injury and steatohepatitis scores, what is the clinical application? The authors' name of the referenced study was typed wrong. Please proofread. In the last paragraph of the topic, assessment of FLR function and volume is different entity. 5. (Treatment timing of synchronous CRLM) Selected patient suitable for simultaneous resection should be concluded. Specific circumstances, such as large bowel obstruction, should be put into consideration. Neoadjuvant chemoradiotherapy should also be stated

since they play an important role in the treatment process. There is a large review regarding this topic. In the second paragraph of this topic, reference number [41] is false since it described a total different subject from what said in this manuscript. 6. (Resection margin) What is the suggested resection margin? What are the factors that could effect long-term outcome along with resection margin? Does postoperative chemotherapy concern with resection margin status? 7. (Application of ablative techniques) Are there really studies conducted to advocate ablative therapy as curative intent for resectable CRLM [58-60]? The limitation of stating MWA, RFA as curative intent instead of hepatic resection should also be noted. Ablative techniques should be discussed primarily as for unresectable CRLM to not cause confusion. 8. (PVE PVL) Are there other publications suggest the usefulness of PVE/PVL? The descriptive use of PVE with two-stage hepatectomy should be more thorough. There are other means of dealing with tumors in FLR which have not been described. Also the referenced two-stage hepatectomy [80] was not clearly described and what is its relevance to the topic? What is your conclusion regarding the use of these techniques for manipulation of liver volume? 9. (Conversion chemotherapy) Are there predictors for patients who would benefit from this strategy? The regimen differences regarding KRAS status should be distinctly stated. Does side of primary colorectal cancer have any effect on chemotherapy regimen? What is the follow up protocol and duration of the therapy? 11. (Liver transplantation) What is the neoadjuvant therapy for liver transplantation? Referenced study [111], did patients underwent laparoscopic hepatectomy? What is the long term outcome compare to other modalities for unresectable CRLM? With the shortage of donors, is the transplantation more beneficial for CRLM compare to those with benign diseases who are transplantation candidates? Are there any established criteria for transplantation in patient with CRLM? 12. (Repeat liver resection for recurrent CRLM) Are there other modalities feasible for recurrent patients? What kind of



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referenced study [121] and how does these criteria come to? 13. (Extrahepatic metastatic disease) What organ containing extrahepatic metastasis does not effect resectability of CRLM? In second paragraph, what is the position of lymph nodes mentioned in second paragraph? What is the role of metastatectomy regarding extrahepatic metastases? And how does the conclusion 'these findings reveal that resection is favorable in the absence of EHMD' come to?

INITIAL REVIEW OF THE MANUSCRIPT

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