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PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

Manuscript NO: 42847

Title: Nomograms for predicting the pathological response to neoadjuvant treatments in patients with rectal cancer

Reviewer's code: 02520781

Reviewer's country: France

Science editor: Ruo-Yu Ma

Date sent for review: 2018-10-17

Date reviewed: 2018-10-31

Review time: 14 Days

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[ ] Grade E: Do not publish		[ ] Rejection	[Y] Advanced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

SPECIFIC COMMENTS TO AUTHORS

Pages are not numbered : difficult to point the comments Introduction : NT has increased … sphincter preservation, …DFS… : this statement is not fully valid. No NT (even Sauer) has been able to improve sphincter preservation and in most the phase III

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DFS is not improved. This sentence must be modified. Patients … assessed by MRI or TR ultra sound: it is necessary to know exactly how many patients underwent MRI for staging ? MRI is the key image for staging especially for MRF; Tumor length TL : this parameter appears of prognostic value; it is necessary to know how it was defined and how it was measured : endoscopy, DRE, MRI, EUS et c…?? can you confirm that all patients underwent MRI and TR ultrasound. Therapy How many patients of this study were included in the FOWARC trial ? de Gramont –RT : what was the dose of RT delivered in this protocol. Was this RT dose the same in mFOLFOX6 +RT ? approximately 6-12 weeks later: this interval is very important as it has a strong influence on the yp TN staging. Six or 12 weeks makes a wide difference. It must be analyzed in more details. May be all the patients in mFolfox 6+RT are operated at 12 weeks and all the others at 6 weeks. This is a crucial point. This interval must be taken into account in multivariate analysis. It is also necessary to know what means radical surgery: especially how many patients underwent APR or sphincter- saving surgery . Results … were calculated to counting data … This wording is not clear. This statement should be written in a method chapter and not in results. Table 1 It is an excellent table : pCR rate using mFOLFOX 6 + RT is 40.71%. in DENG Y Fowarc JCO 2016, the pCR rate was27.5%. Any explanation for this unusually high rate of 40% ???. Rate of pCR : 13.19 and 12.24 are more in line with standard results. In Fowarc (DENg JCO 2016) with Folfox chemo alone pcR was 6.6% in the present paper it is 13.19 % (more than double!) any explanation?? Discussion Excision or a “watch and see”. This is incorrect it should be “watch and wait”.To see and to watch is the same ! This must be modified in all the paper. Type of NT regimen … predictors of pCR: as we ignore the interval for the 3 different NT regimen no conclusion is possible. FOLFOX6-RT higher rate of pCR : This consistent with Fowarc but not with the other phase III trials (STAR, ACCORD 12, RTOG, CAO/ARO, PETACC 6) in most trials adding oxaliplatin does not

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increase pCR rate. Oxaliplatin is not a potent radiosensitizer (Folkvord S Radioth Oncol 2008;86:428-34). In Rodel (CAO/ARO) no difference in R0 rate and sphincter preservation; pCR was increased with oxaliplatin but the 5FU regimen was different in the two arms. Common consensus belief is : oxaliplatin is not in rectal cancer a good radiosensitizer. Tumor Length (TL) and CEA > 5 ng/ml are interesting findings. Main question is how to accurately measure tumor length! General comments on nomogram : The C index 70% is quite good but the 3 groups according to treatment have small number of patients and the power is not so strong. One single group of 300 patients would strengthen the index. Usually there is a test cohort and a second cohort for validation. Having such a validation external cohort would also probably strengthen the reliability of the nomogram.

INITIAL REVIEW OF THE MANUSCRIPT

Google Search:

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[ ] Plagiarism

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PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

Manuscript NO: 42847

Title: Nomograms for predicting the pathological response to neoadjuvant treatments in patients with rectal cancer

Reviewer's code: 03252909

Reviewer's country: Australia

Science editor: Ruo-Yu Ma

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Review time: 4 Days

SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION	PEER-REVIEWER STATEMENTS
[ ] Grade A: Excellent	[ ] Grade A: Priority publishing	[ ] Accept (High priority)	Peer-Review:
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[ ] Grade E: Do not publish		[ ] Rejection	[Y] Advanced
			[ ] General
			[ ] No expertise
			Conflicts-of-Interest:
			[ ] Yes
			[Y] No

SPECIFIC COMMENTS TO AUTHORS

The authors provide a study on an interesting topic, the response of rectal cancer to neoadjuvant chemoradiotherapy, using 3 regimens. The abstract is far too long, with too many redundant and repetitive words. It makes it hard to read for the usual reader

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because of the circumlocution. First time RT is mentioned in abstract there is no full-word version. Colorectal surgeons want to know the clinical relevance of these nomograms, not just predictive %. How do the researchers intend to use this data in the future? I appreciate that in the last paragraph of the discussion they say more studies are needed, BUT, can they state a hypothesis please for a future study based on their present data. Much of the writing that is in the first person e.g. 'we developed' and 'we collected' are better as 'were…' and 'was' and placed after the action or noun. E.g. logistic regression was performed. Introduction: good Results, page 9, para 3, Table 8 shows, NOT 'showed'

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