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7041 Koll Center Parkway, Suite 160, Pleasanton, CA 94566, USA
Telephone: +1-925-223-8242
Fax: +1-925-223-8243
E-mail: bpgoffice@wjgnet.com
https://www.wjgnet.com

PEER-REVIEW REPORT

Name of journal: World Journal of Gastrointestinal Oncology

Manuscript NO: 49558

Title: Revisiting oral fluoropyrimidine with cetuximab in mCRC: real-world data in Chinese population.

Reviewer's code: 03002093

Reviewer's country: Hungary

Science editor: Le Zhang

Reviewer accepted review: 2019-07-30 07:10

Reviewer performed review: 2019-07-30 10:38

Review time: 3 Hours

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	[Y] Minor revision	[ ] Onymous
[ ] Grade D: Fair	[ ] Grade D: Rejection	[ ] 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[ ] Grade E: Do not publish		[ ] Rejection	[Y] Advanced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

This retrospective study demonstrated that there is no efficacy and safety differences between oral and infusional fluoropyrimidine combined with cetuximab for patients with wild KRAS CRC.

Before acceptance there are some remarks to be answered:

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Why histology, grading, TNM, EGFR expression, MSI status, performance status, number of metastatic sites, presence and type of previous adjuvant therapy, types of subsequent therapies, etc. were not considered?

The sites of tumor should be colon (right and left) and rectum.

Table 2 is incomplete at site of tumor and site of metastasis. Table 3 is incomplete at the CHT backbone. Please give the number of patients (+statistics) for oral and inf. for each row.

Please give separately the treatment modifications for patients >70 years old and for AEs.

Why not all parameters were included in the Cox analysis or what was the reason for selection of variables. Why not the dichotomized age (as significant variable in factor analysis) was used in Cox analysis?

Some patients were metachronous for metastases, supposedly they were treated by surgery ± (radio)CHT of primary. Please clarify in Table 2 if surgery of primary includes only the palliative surgery of primary (as the Discussion suggests) or includes the previous surgery of nonmetastatic patients? Please also clarify whether metastasectomy was before or after the 1st line treatment, because the latter can be a measure of 1st line efficacy.
Please eventually summarize the extent of disease (presence of primary, multiple metastatic sties, size of metastases, etc) in order to have a comparison of tumor burden of the subgroups.

Please give the number of patients in Table 6 for grade 3-4 AND any grade (or grade 1-2) for each AE for both treatments.

It would be useful to see a stratified analysis (survival and AEs) based on backbone CHT, because almost certain the survival (and moreover the AE pattern) of e.g. capecitabin+cetuximab vs. FOLOX+cetuximab significantly differs.

In the discussion you are reporting that “we could not answer the underlying mechnism linking ethnicity and FP tolerability”, but the literature for pharmacogenomics of FP and difference in allele frequencies for ethnicities may give you some idea in this regard.

INITIAL REVIEW OF THE MANUSCRIPT

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[ ] Plagiarism

[Y] No

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[Y] No