



PEER-REVIEW REPORT

Name of journal: World Journal of Gastrointestinal Surgery

Manuscript NO: 62576

Title: Borderline resectable for colorectal liver metastases: Present status and future perspective

Reviewer's code: 05186738

Position: Editorial Board

Academic degree: MD

Professional title: Associate Professor, Chief Physician, Director, Surgeon, Surgical Oncologist

Reviewer's Country/Territory: China

Author's Country/Territory: Japan

Manuscript submission date: 2021-01-12

Reviewer chosen by: Man Liu

Reviewer accepted review: 2021-03-10 09:14

Reviewer performed review: 2021-03-18 03:47

Review time: 7 Days and 18 Hours

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input checked="" type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Language quality	<input type="checkbox"/> Grade A: Priority publishing <input type="checkbox"/> Grade B: Minor language polishing <input checked="" type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
Conclusion	<input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input checked="" type="checkbox"/> Major revision <input type="checkbox"/> Rejection
Re-review	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Peer-reviewer	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous



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Conflicts-of-Interest: [] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

Kitano et al. reviewed present status and future perspective for borderline resectable CRLM. The authors presented that "borderline resectable" is defined as oncologically highly malignant (simultaneous liver metastasis, multiple tumors, large tumor diameter, high level of CEA, extrahepatic lesions) or technically difficult (necessity of special procedures such as RFA, PVE, TSH, and ALPPS for R0 resection or close to the main vessel), and hepatectomy after preoperative adjuvant chemotherapy is recommended as a treatment policy according to the previous studies. They also pointed out that the analysis using big data or a multicenter randomized controlled trial that examines the use of neoadjuvant chemotherapy for borderline resectable CRLM are needed in the future. I show below a few suggestions to improve the manuscript: 1. I did not agree to the first sentence in Abstract "Surgical resection for colorectal liver metastases (CRLM) is the only treatment that can improve the prognosis". Surgical resection for CRLM may offer the best opportunity to improve the prognosis of patients, it's not the only treatment. 2. For my opinion, borderline resectable CRLM is almost the same definition of potentially resectable CRLM. The authors did a search of "borderline resectable" AND "colorectal liver metastases" with the literature search tool PubMed and found only 38 related reports. I suggested a search with "potentially resectable" AND "colorectal liver metastases", a conclusion drawn from these more than 1000 studies is more convincing. 3. The language needs polishing.