



## PEER-REVIEW REPORT

**Name of journal:** *World Journal of Clinical Oncology*

**Manuscript NO:** 78276

**Title:** Is it Possible to achieve the same oncological approach in urgent surgery for colon cancer?

**Provenance and peer review:** Invited Manuscript; Externally peer reviewed

**Peer-review model:** Single blind

**Reviewer's code:** 06211478

**Position:** Peer Reviewer

**Academic degree:** MD, PhD

**Professional title:** Academic Fellow, Chief Doctor

**Reviewer's Country/Territory:** China

**Author's Country/Territory:** Brazil

**Manuscript submission date:** 2022-06-30

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2022-07-07 13:40

**Reviewer performed review:** 2022-07-17 04:08

**Review time:** 9 Days and 14 Hours

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 Grade E: Do not publish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



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<b>Peer-reviewer statements</b>	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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### **SPECIFIC COMMENTS TO AUTHORS**

This is a retrospective study to compare the oncological radicality of urgent surgery for colon cancer in relation to elective cases. In the manuscript, it was observed that the percentage of patients aged 80 and over was higher in the urgency group, as well as the early mortality. Why protective ileostomy or urgent metal stenting did not be performed in the urgent group? More analysis should be added in the part of Discussion.



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**Reviewer's code:** 05774529

**Position:** Editorial Board

**Academic degree:** FASCRS, MD, PhD

**Professional title:** Deputy Director

**Reviewer's Country/Territory:** China

**Author's Country/Territory:** Brazil

**Manuscript submission date:** 2022-06-30

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2022-07-07 00:19

**Reviewer performed review:** 2022-07-17 12:47

**Review time:** 10 Days and 12 Hours

<b>Scientific quality</b>	<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
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### **SPECIFIC COMMENTS TO AUTHORS**

Thank you for allowing me to review this manuscript. Although there was no difference between the elective and urgency group concerning the longitudinal margin of resection, number of resected lymph nodes and percentage of surgeries with 12 or more resected lymph nodes. All urgent surgeries were opened, does the surgical approach affect the outcome? It is recommended to include long-term survival in the analysis.