

## PEER-REVIEW REPORT

**Name of journal:** *World Journal of Gastrointestinal Endoscopy*

**Manuscript NO:** 81290

**Title:** Medium-term surgical outcomes and health-related quality of life after laparoscopic vs open colorectal cancer resection: SF-36 Health Survey Questionnaire

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

**Peer-review model:** Single blind

**Reviewer's code:** 03548282

**Position:** Peer Reviewer

**Academic degree:** MD

**Professional title:** Doctor

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

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

**Manuscript submission date:** 2022-11-02

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2022-11-03 15:26

**Reviewer performed review:** 2022-11-04 02:23

**Review time:** 10 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 Grade E: Do not publish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 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
Conclusion	<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
Re-review	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

<b>Peer-reviewer statements</b>	Peer-Review: [ <input checked="" type="radio"/> ] Anonymous [ <input type="radio"/> ] Onymous
	Conflicts-of-Interest: [ <input type="radio"/> ] Yes [ <input checked="" type="radio"/> ] No

## SPECIFIC COMMENTS TO AUTHORS

The author find patients who underwent LR have been proven to gain short-term advantages in the initial studies, quality of life is often overlooked, emphasizing more focus on survival and outcome. However, patients' self-assessed outcomes must reveal how their health states affect their physical and psychological functioning. Their prospective study aims to assess the quality of life results within one year after non-metastatic CRC surgery by a single surgeon. their study discussed the LR approach with significantly better quality of life than OR 3 months after surgery. Meanwhile, there are fewer detrimental factors and similar oncologic results in the LR group than in the OR group. they suggest non-metastatic CRC patients undergo the LR approach if not contraindicated. The overall quality of the article is very high, but at the same time, I found a few problems: 1. The author did not describe the preoperative neoadjuvant chemoradiotherapy of rectal cancer patients, which will directly affect the occurrence of complications. 2. T staging and N staging are not listed in the baseline characteristics . 3. It is suggested to add postoperative pathological staging and postoperative complication grading.

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**Peer-review model:** Single blind

**Reviewer's code:** 04106973

**Position:** Editorial Board

**Academic degree:** BSc, MSc, PhD

**Professional title:** Associate Professor

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

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

**Manuscript submission date:** 2022-11-02

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2022-11-02 08:24

**Reviewer performed review:** 2022-11-13 02:31

**Review time:** 10 Days and 18 Hours

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input checked="" type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Language quality	<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
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

<b>Peer-reviewer statements</b>	Peer-Review: [ <input checked="" type="radio"/> ] Anonymous [ <input type="radio"/> ] Onymous
	Conflicts-of-Interest: [ <input type="radio"/> ] Yes [ <input checked="" type="radio"/> ] No

## SPECIFIC COMMENTS TO AUTHORS

The study compared several clinical outcomes and hrqol between LR and OR in CRC patients based on a randomized design. I have several comments. 1. Indeed, the study collected a number of clinical outcomes and described them in details, but the title only stated qol, I suggest revise the title to better reflect the content of study. 2. Please replace qol with hrqol. 3. Please specify the version of SF-36 (v1 or v2), also the SF-36 could also generate two summary scores PCS and MCS, as well as SF-6D utility score, please also calculate and compare the scores. 4. What about the validity and reliability of SF-36 in Taiwan. 5. Why not assess the patients' HRQOL during perioperation. 6. I think it is also important to compare the change in SF-36 score between the two groups.

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

**Peer-review model:** Single blind

**Reviewer's code:** 06364530

**Position:** Peer Reviewer

**Academic degree:** MD

**Professional title:** Researcher

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

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

**Manuscript submission date:** 2022-11-02

**Reviewer chosen by:** AI Technique

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**Review time:** 13 Days and 3 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 checked="" type="checkbox"/> Grade A: Priority publishing <input type="checkbox"/> Grade B: Minor language polishing <input 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

<b>Peer-reviewer statements</b>	Peer-Review: [ <input checked="" type="radio"/> ] Anonymous [ <input type="radio"/> ] Onymous
	Conflicts-of-Interest: [ <input type="radio"/> ] Yes [ <input checked="" type="radio"/> ] No

## SPECIFIC COMMENTS TO AUTHORS

Researchers indicated the medium-term quality of life after laparoscopic resection is better than open colorectal resection through prospective randomized controlled study. It is interesting with important clinical significance. However, some flaws need to be corrected.

**Criteria Checklist for New Manuscript Peer-Review**

**1 Title.** Does the title reflect the main subject/hypothesis of the manuscript? Reviewer: I think it is better to add the evaluation method used in this study. For example, "Medium-term quality of life after laparoscopic vs open colorectal cancer resection: SF-36 Health Survey questionnaire"

**2 Abstract.** Does the abstract summarize and reflect the work described in the manuscript? Reviewer: Yes.

**3 Key words.** Do the key words reflect the focus of the manuscript? Reviewer: Yes.

**4 Background.** Does the manuscript adequately describe the background, present status and significance of the study? Reviewer: Yes.

**5 Methods.** Does the manuscript describe methods (e.g., experiments, data analysis, surveys, and clinical trials, etc.) in adequate detail? Reviewer: Yes.

**6 Results.** Are the research objectives achieved by the experiments used in this study? What are the contributions that the study has made for research progress in this field? Reviewer: Yes.

**7 Discussion.** Does the manuscript interpret the findings adequately and appropriately, highlighting the key points concisely, clearly and logically? Are the findings and their applicability/relevance to the literature stated in a clear and definite manner? Is the discussion accurate and does it discuss the paper's scientific significance and/or relevance to clinical practice sufficiently? Reviewer: The discussion is too long for a research article. Please simplify this part.

**8 Illustrations and tables.** Are the figures, diagrams and tables sufficient, good quality and appropriately illustrative of the

paper contents? Do figures require labeling with arrows, asterisks etc., better legends? Reviewer: Table 2 and 3 are figures, please change them into three-line table in text format. For statistical significance, most studies use “\*\*\*\*” to indicate <0.001 P-value, and use “\*\*\*” to indicate <0.01. In table 2, “Recurrence within 1 yr” is not aligned. Please check. And please upload original data in this study. For Figure 1, some information should be added. In 300 with non-metastatic colorectal cancer, 1 died with one year, why 296? Same flaw is in 254 with non-metastatic colorectal cancer. I noticed you explain it in main text. Please added in Figure 1. 9 Biostatistics. Does the manuscript meet the requirements of biostatistics? Reviewer: Yes. 10 Units. Does the manuscript meet the requirements of use of SI units? Reviewer: Yes. 11 References. Does the manuscript cite appropriately the latest, important and authoritative references in the introduction and discussion sections? Does the author self-cite, omit, incorrectly cite and/or over-cite references? Reviewer: Some flaws may need to be corrected. In paragraph 5 of Discussion. Please check whether citation [3] is suitable. And other citations should be checked again. 12 Quality of manuscript organization and presentation. Is the manuscript well, concisely and coherently organized and presented? Is the style, language and grammar accurate and appropriate? Reviewer: The discussion section is too long but the result section is short. In my opinion, it is better to add some subgroup analysis. I notice there are several types ASA, TNM stage, histopathology, tumor location, intervention, and Pre-surgery serum CEA level. Please add the results of subgroup analysis as much as possible. 13 Research methods and reporting. Authors should have prepared their manuscripts according to manuscript type and the appropriate categories, as follows: (1) CARE Checklist (2013) - Case report; (2) CONSORT 2010 Statement - Clinical Trials study, Prospective study, Randomized Controlled trial, Randomized Clinical trial; (3) PRISMA 2009 Checklist - Evidence-Based Medicine, Systematic review, Meta-Analysis; (4) STROBE Statement - Case Control

study, Observational study, Ret-rospective Cohort study; and (5) The ARRIVE Guidelines - Basic study. Did the author prepare the manuscript according to the appropriate research methods and reporting? Reviewer: Yes. CONSORT 2010 Statement is completed. 14 Ethics statements. For all manuscripts involving human studies and/or animal ex-periments, author(s) must submit the related formal ethics documents that were re-viewed and approved by their local ethical review committee. Did the manuscript meet the requirements of ethics? Reviewer: Yes.



## RE-REVIEW REPORT OF REVISED MANUSCRIPT

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**Position:** Peer Reviewer

**Academic degree:** MD

**Professional title:** Researcher

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

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

**Manuscript submission date:** 2022-11-02

**Reviewer chosen by:** Yu-Jie Ma

**Reviewer accepted review:** 2022-12-15 01:32

**Reviewer performed review:** 2022-12-15 03:10

**Review time:** 1 Hour

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 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
Conclusion	<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
Peer-reviewer	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous



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statements

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

#### **SPECIFIC COMMENTS TO AUTHORS**

Thanks for your revision. There is room for improvement. It would be better to evaluate the surgical outcomes of different types of ASA, TNM stage, histopathology, tumor location, intervention, and Pre-surgery serum CEA level under laparoscopic resection (LR) and those undergoing open resection (OR).

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**Reviewer chosen by:** Yu-Jie Ma

**Reviewer accepted review:** 2022-12-16 11:31

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**Review time:** 1 Day and 13 Hours

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input checked="" type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
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Peer-reviewer	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous



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statements

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

#### **SPECIFIC COMMENTS TO AUTHORS**

The authors addressed most of the comments, and could acknowledge the point that HRQOL information was not collected during perioperation as a limitation.