

PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

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Title: Watch and wait approach in rectal cancer: Current controversies and future directions

Reviewer's code: 03725838

Position: Editorial Board

Academic degree: MD

Professional title: Professor

Reviewer's Country/Territory: China

Author's Country/Territory: Spain

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Reviewer chosen by: AI Technique

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Scientific quality	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Very good <input 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 Grade E: Do not publish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 type="checkbox"/> Yes <input type="checkbox"/> No
Peer-reviewer statements	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS

It has been a privilege to review this paper. I think that is a good review which introduce the development process, advantages, current issues and controversies of watch and wait strategies for patients with locally-advanced rectal cancer in detail. There are some points to review: (1) In the Patient Selection, the applicability and limitations of watch and wait strategies are suggested to be stated for patients with ocallly-advanced rectal cancer who are at low or high risk of local recurrence. (2) "A wide range of neoadjuvant therapies.....with a 5 years surgery-free survival rate of 78%[92]", this is suggested to should be moved to "Standard chemoradiotherapy. Dose escalation", where it is more appropriate. (3) "Other authors have investigated alternative strategies.....later confirmed in the GRECCAR and CART studies[95,96]". This part describes the advantages of local resection of cT2 tumours followed by CRT, and it is recommended to move this section to the "Outcomes and management of tumour regrowth". (4) Some minor remarks: "Accordingly, a recent consensus statement recommended using nodal size for follow-up assessment after neoadjuvant therapy (with nodes whose short axis diameter is < 5 mm considered benign), given the absence of other reliable criteria (16)." Reference labeling format should be written correctly.