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## PEER-REVIEW REPORT

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

**Manuscript NO:** 40218

**Title:** Simultaneous curative resection of double colorectal carcinoma with synchronous bilobar liver metastases

**Reviewer's code:** 03721686

**Reviewer's country:** Romania

**Science editor:** Jin-Lei Wang

**Date sent for review:** 2018-06-09

**Date reviewed:** 2018-06-13

**Review time:** 4 Days

SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION	PEER-REVIEWER STATEMENTS
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	<input type="checkbox"/> Accept	Peer-Review:
<input type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language	(High priority)	<input type="checkbox"/> Anonymous
<input type="checkbox"/> Grade C: Good	polishing	<input type="checkbox"/> Accept	<input type="checkbox"/> Onymous
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of	(General priority)	Peer-reviewer's expertise on the
<input type="checkbox"/> Grade E: Do not	language polishing	<input type="checkbox"/> Minor revision	topic of the manuscript:
publish	<input type="checkbox"/> Grade D: Rejection	<input type="checkbox"/> Major revision	<input type="checkbox"/> Advanced
		<input type="checkbox"/> Rejection	<input type="checkbox"/> General
			<input type="checkbox"/> No expertise
			Conflicts-of-Interest:
			<input type="checkbox"/> Yes
			<input type="checkbox"/> No

### SPECIFIC COMMENTS TO AUTHORS

The authors consider the available data and they also present their opinion regarding an appropriate surgery workup based on their own experience on synchronous CRC with liver metastases. Therefore, in this complex review, they critically analyse the existent

literature and try to determine whether complex colorectal resections for synchronous CRC are compatible with the simultaneous resection of synchronous liver metastases, even in case of multiple and/or bilobar CRLM. Overall, the review is useful and interesting, with a multidisciplinary vision at some point, but there are some aspects in the manuscript that deserve revision. 1. In order to make a more concisely and coherently organized text (taking into consideration that the text is too long, with many details and a multitude of abbreviations), I would suggest some diagrams to summarize subjects such as “preoperative management” and authors’ suggested “surgical strategies” based on their own experience and correlated to literature. 2. The title should be informative, more specific, and brief. 3. Authors should provide some information regarding the literature search (e.g. PubMed etc), search tools, including/excluding criteria respectively. 4. Furthermore, some of the data in the paper needs to be improved, such as page no 15- “Preoperative assesment”. It is very useful that the authors have taken into consideration not only the sugical strategies, but also the preoperative evaluation. Though, they could enhace the accuracy of the assesment by briefly separating the rectal cancer of colon cancer regarding the preoperative staging as different entities (e.g. MRI of pelvis, EUS eventually, for rectal cancer) 5. Finally, some minor proofreading details: “Bi- institutional study” instead of “bi- istitutional study” (pages 36-37) The meaning of some abbreviations are not clear or the legend is not evident in the text: Synchronous liver metastases (SCRLM) vs. CRLM (?) Page 41- the abbreviation NCRT has no legend in the text Too long sentences and paragraphs could be rewrited for flow: e.g.1 page no 8- “On the other hand, LR activates within few hours multiple molecular changes, with upregulation of several cytokines and growth factors, and subsequent activation and proliferation of mature hepatocytes, hepatic progenitor cells, non-parenchymal liver cells, to restore the optimal liver volume.”- details regarding multiple molecular changes could be either be eliminated or put in brackets

e.g. 2 page no 13- “When SCRC are located in distant colonic segments, some authors suggest total or subtotal colectomy to remove synchronous tumours or polyps eventually undetected at preoperative imaging, and to prevent the development of metachronous neoplasms[14,15], while others suggest more conservative surgical strategies with resection of two intestinal segments, either open or laparoscopic-assisted[13,16-18], usually with two anastomoses, seemingly resulting in a higher risk of anastomotic dehiscence[6].”

#### **INITIAL REVIEW OF THE MANUSCRIPT**

##### ***Google Search:***

- ☐ The same title
- ☐ Duplicate publication
- ☐ Plagiarism
- ☐ No

##### ***BPG Search:***

- ☐ The same title
- ☐ Duplicate publication
- ☐ Plagiarism
- ☐ No

## PEER-REVIEW REPORT

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

**Manuscript NO:** 40218

**Title:** Simultaneous curative resection of double colorectal carcinoma with synchronous bilobar liver metastases

**Reviewer's code:** 03299464

**Reviewer's country:** China

**Science editor:** Jin-Lei Wang

**Date sent for review:** 2018-06-09

**Date reviewed:** 2018-06-20

**Review time:** 10 Days

SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION	PEER-REVIEWER STATEMENTS
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	<input type="checkbox"/> Accept	Peer-Review:
<input type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language	(High priority)	<input checked="" type="checkbox"/> Anonymous
<input checked="" type="checkbox"/> Grade C: Good	polishing	<input type="checkbox"/> Accept	<input type="checkbox"/> Onymous
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of	(General priority)	Peer-reviewer's expertise on the
<input type="checkbox"/> Grade E: Do not	language polishing	<input checked="" type="checkbox"/> Minor revision	topic of the manuscript:
publish	<input type="checkbox"/> Grade D: Rejection	<input type="checkbox"/> Major revision	<input type="checkbox"/> Advanced
		<input type="checkbox"/> Rejection	<input checked="" type="checkbox"/> General
			<input type="checkbox"/> No expertise
			Conflicts-of-Interest:
			<input type="checkbox"/> Yes
			<input checked="" type="checkbox"/> No

### SPECIFIC COMMENTS TO AUTHORS

In the manuscript, the authors analyzed a large number of literatures in the field of conservative or "parenchimal-sparing" liver resections, and proposed their own views on surgical strategy in selected patients with resectable colorectal cancer and resectable

synchronous CRLM. Simultaneous resections should only be considered by surgical teams experienced in both fields. A staged approach is still advisable in patients requiring urgent colorectal resection because of complicated CRC. All the other patients should be theoretically considered for simultaneous resection, including patients with SCRC. Simultaneous colorectal and liver resection represents an appealing surgical strategy. Furthermore, the authors analyzed the reasons why conservative or parenchymal-sparing hepatectomies can reduce the extent of hepatectomy while preserving oncological radicality, and may represent the best option, whenever possible, to reduce the perioperative risks of simultaneous colorectal and liver resection. Overall, the review is useful for the clinical surgical and bring benefit for the patients, but there are still space to improve in the manuscript . 1 For The article is too long, with lots of abbreviations, in order to make the article easy to read, I suggest the manuscript should be reorganized to make the article refined and compact. 2.The title should be brief and respond accurately to the subject . 3.The abstract needs to be written better. There is no introduction to the literature search, including/excluding criteria respectively. 4. Furthermore, I suggest improving the quality of some of the data in the paper.

## INITIAL REVIEW OF THE MANUSCRIPT

### *Google Search:*

- ☐ The same title
- ☐ Duplicate publication
- ☐ Plagiarism
- ☐ No

### *BPG Search:*

- ☐ The same title



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[ ] Duplicate publication

[ ] Plagiarism

[ Y ] No