

## PEER-REVIEW REPORT

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

**Manuscript NO:** 75008

**Title:** Implementation of a Virtual Multicenter Gastrointestinal Tumor Board to Reduce Cancer Disparities in Argentina

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

**Peer-review model:** Single blind

**Reviewer's code:** 05230210

**Position:** Editorial Board

**Academic degree:** MD

**Professional title:** Associate Professor

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

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

**Manuscript submission date:** 2022-01-13

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2022-02-02 09:15

**Reviewer performed review:** 2022-02-11 14:52

**Review time:** 9 Days and 5 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 Grade E: Do not publish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

<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

## SPECIFIC COMMENTS TO AUTHORS

This is a very important topic in the era of specialized medicine and needs more acknowledgements; I would like to thank the authors for tackling such a timely issue. I have some comments I would like the authors to address: 1- There is no non-native certificate; only a blank document is uploaded. The document needs language editing due to some grammatical and syntax mistakes. 2- The opening sentence lacks full meaning “Cancer care is increasingly complex and personalized.” Complex and personalized what? Experience, dilemma, please clarify. 3- The authors stated “with different tumor models” did they mean staging? Or manifestations. I don’t think “Models” is the appropriate word to describe the variations in patients with cancers. 4-

Please state the exact definition of the model used “hub-and-spoke” not just its benefits in the text, as unfamiliar physicians with the technologies will have to search other sources to know the definition. Is it a type of telecommunication or data connection? 5- The authors stated “democratizing medical knowledge” I don’t think political terms will help in this scenario, because it carries another meaning, not just fair distribution of knowledge but also the fair equality of rebuttal of just knowledge which is not the issue here. Could the authors use “fair distribution or equality of information” instead? 6- Some important areas are not clear in the manuscript. Could the authors state when do they decide refer the cases to the ECHO project, and the time taken from first oncology visit till the ECHO referral (approximation by mean or median). And if this reevaluation leads to delay of the decision of the treatment plan or not?, please elaborate on this area. 7- The authors stated “Available evidence has highlighted that relevant cost was saved after unnecessary treatments, studies, and travel expenses were

avoided.” Is there a rough estimate of the saved cost you calculated or predicted? Or in comparison to the regular treatment pathway?, please clarify. 8- I would like to ask the authors about the treatment availability for these cases, they stated that some patients were referred for tertiary centers for treatment. From their experience, do they conclude the need for more accessible specialized treatment modality in the urban areas or they find that referral does not cause significant delay of the treatment of patients? 9-

References are very old, this is a timely topic (personalized medicine and multidisciplinary teams in cancer management) with many recent articles published, so they need updating. Here are some recent articles on multidisciplinary teams: •

Taberna M, Gil Moncayo F, Jané-Salas E, et al. The Multidisciplinary Team (MDT) Approach and Quality of Care. *Front Oncol.* 2020;10:85. Published 2020 Mar 20. doi:10.3389/fonc.2020.00085 • Casadio M, Cardinale V, Klumpen HJ, et al. Setup of multidisciplinary team discussions for patients with cholangiocarcinoma: current practice and recommendations from the European Network for the Study of Cholangiocarcinoma (ENS-CCA) [published online ahead of print, 2022 Jan 27]. *ESMO Open.* 2022;7(1):100377. doi:10.1016/j.esmoop.2021.100377 10- It would be more beneficial to the reader if the authors could provide tables or figures with the data for their ECHO project , not just presented in the text.

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**Peer-review model:** Single blind

**Reviewer's code:** 06124643

**Position:** Peer Reviewer

**Academic degree:** MBBS

**Professional title:** Academic Fellow, Doctor, Surgeon, Teacher

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

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

**Manuscript submission date:** 2022-01-13

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2022-02-20 20:43

**Reviewer performed review:** 2022-02-21 06:25

**Review time:** 9 Hours

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 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 checked="" type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
Re-review	<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**

Authors have proposed implementation of virtual GI oncology board based healthcare delivery in a decentralized fashion [hub and spoke model]. This is truly a great initiative and several diseases had shown to be minimized with similar strategy.

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**Peer-review model:** Single blind

**Reviewer's code:** 05752228

**Position:** Peer Reviewer

**Academic degree:** MD

**Professional title:** Academic Fellow

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

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

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**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2022-02-20 08:30

**Reviewer performed review:** 2022-03-03 10:17

**Review time:** 11 Days and 1 Hour

Scientific quality	<input checked="" type="radio"/> Grade A: Excellent <input type="radio"/> Grade B: Very good <input type="radio"/> Grade C: Good <input type="radio"/> Grade D: Fair <input type="radio"/> Grade E: Do not publish
Language quality	<input checked="" type="radio"/> Grade A: Priority publishing <input type="radio"/> Grade B: Minor language polishing <input type="radio"/> Grade C: A great deal of language polishing <input type="radio"/> Grade D: Rejection
Conclusion	<input type="radio"/> Accept (High priority) <input checked="" type="radio"/> Accept (General priority) <input type="radio"/> Minor revision <input type="radio"/> Major revision <input type="radio"/> Rejection
Re-review	<input checked="" type="radio"/> Yes <input type="radio"/> 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 well written manuscript describing a promising initiative. The figure summarizes the concept sufficiently as well. Recommended for publication

## RE-REVIEW REPORT OF REVISED MANUSCRIPT

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

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**Reviewer's code:** 05230210

**Position:** Editorial Board

**Academic degree:** MD

**Professional title:** Associate Professor

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

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

**Manuscript submission date:** 2022-01-13

**Reviewer chosen by:** Jia-Ru Fan

**Reviewer accepted review:** 2022-04-19 13:21

**Reviewer performed review:** 2022-04-22 21:30

**Review time:** 3 Days and 8 Hours

<b>Scientific quality</b>	<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
<b>Language quality</b>	<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
<b>Conclusion</b>	<input type="checkbox"/> Accept (High priority) <input checked="" type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
<b>Peer-reviewer</b>	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous



statements

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

## SPECIFIC COMMENTS TO AUTHORS

I would like to thank the authors for their detailed replies and modifications. Please add the information in your reply in question number 8 to the manuscript after modifications.

"RESPONSE: Our health system is heterogeneous, including the private and public sub-systems. In this context, some patients have to be referred to tertiary or local centers for coverage of treatment and studies to become effective. In these cases, we thought that the discussion of the clinical case in a context such as ECHO represents one of the better chances for high-quality cancer care, and in our experience, the referral does not cause a significant delay in the treatment. In our health system context, we believe that an approach like ECHO is more accessible, accurate, affordable, and properly developable than an extent more sub-specialized oncologists and high-quality treatment modalities in urban areas. " There are some problems in the text "(+ADw-i+AD4-n+ADw-/i+AD4- +AD0- 43, 53.75+ACU-), I don't know if they appear on the downloaded version only or from the reference manager? please revise.