

## PEER-REVIEW REPORT

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

**Manuscript NO:** 77629

**Title:** Quality of life and symptom distress after cytoreductive surgery and hyperthermic intraperitoneal chemotherapy

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

**Peer-review model:** Single blind

**Reviewer's code:** 05466318

**Position:** Peer Reviewer

**Academic degree:** MD

**Professional title:** Doctor

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

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

**Manuscript submission date:** 2022-05-12

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2022-05-20 09:30

**Reviewer performed review:** 2022-05-28 11:16

**Review time:** 8 Days and 1 Hour

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 Grade E: Do not publish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
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## SPECIFIC COMMENTS TO AUTHORS

It is a significant article by the first prospective study for CRS/HIPEC, entitled "Quality of life and symptom distress after cytoreductive surgery and hyperthermic intraperitoneal chemotherapy." However, I have several questions and comments to be addressed. 1) What does "our findings" in conclusion on P.18 indicate? Are they "age  $\geq$  55 years in emotional functioning at S2 and ECOG performance status in preoperative physical functioning and role functioning at S3" on P.14? Are they that "QoL and symptom severity improved or returned to baseline in most categories within three months after CRS / HIPEC" ? 2) Do the authors conclude that QoL and symptom distress after CRS/HIPEC are recovered in 3 months in Taiwan, similar to the results of previous studies? If so, I cannot understand from which result they consider that the current study emphasizes the importance of perioperative mental health considerations in cancer patients receiving aggressive treatment on P.18. 3) The authors describe that the risk factors associated with a perioperative decline in QoL were an age <55 years old and poor ECOG performance (ECOG = 2) on P.15. What do you think is the reason why younger patients under 55 years old had a higher decrease in QoL? 4) A feature of this study is the high proportion of patients with gastric cancer. Were there any differences in primary resection during CRS between gastric cancer and colorectal cancer? Did the differences influence on QoL? 5) The advantage of this study is that it is a prospective study. The HIPEC time was prescribed as 60-90 minutes according to the regimen, but it was 75.9% of  $\leq$ 60min in Table 1. Does the result mean a violation of the protocol?

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**Reviewer's code:** 03805084

**Position:** Editorial Board

**Academic degree:** MD, PhD

**Professional title:** Professor

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

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

**Manuscript submission date:** 2022-05-12

**Reviewer chosen by:** Dong-Mei Wang

**Reviewer accepted review:** 2022-07-27 10:27

**Reviewer performed review:** 2022-07-27 10:33

**Review time:** 1 Hour

Scientific quality	<input checked="" type="checkbox"/> Grade A: Excellent <input 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
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**Peer-reviewer  
statements**

Peer-Review: [ ☐ ] Anonymous [ ☒ ] Onymous  
Conflicts-of-Interest: [ ☐ ] Yes [ ☒ ] No

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

Congratulations to the authors for the choice of topic and implementation of study. This study investigates the quality of life (QoL) and symptom distress after cytoreductive surgery and hyperthermic intraperitoneal chemotherapy with currently used chemotherapeutic agents and operative techniques. QoL and symptom severity improved or returned to baseline in most categories within 3 months after CRS/HIPEC. Our findings can help with preoperative consultation and perioperative care.

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**Peer-review model:** Single blind

**Reviewer's code:** 03017791

**Position:** Peer Reviewer

**Academic degree:** MD

**Professional title:** Doctor

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

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

**Manuscript submission date:** 2022-05-12

**Reviewer chosen by:** Dong-Mei Wang

**Reviewer accepted review:** 2022-07-27 09:28

**Reviewer performed review:** 2022-07-30 01:04

**Review time:** 2 Days and 15 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
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Re-review	<input type="checkbox"/> Yes <input checked="" 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
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## SPECIFIC COMMENTS TO AUTHORS

This prospective study enrolled 58 patients who received CRS/HIPEC. The questionnaires including MDASI-T and EROTC QLQ-C30 were used to evaluate the QoL after CRS/HIPEC, of which the results indicated that the QoL was reduced and the symptom severity was improved after CRS/HIPEC, while it returned to baseline in most categories in 3 months. These results provided some reference for clinical application of CRS/HIPEC. 1. Please provide the flow diagram of patient enrollment; 2. This is a prospective cohort study, the sample size calculating process should be provided; 3. The CRS/HIPEC indication for this study were: (1) curative intent of peritoneal metastases from primary or recurrent malignancies with peritoneal metastases; (2) palliation to control ascites; and (3) adjuvant treatment for the prophylaxis of suspicious T4 disease from gastric cancer and colorectal cancer or tumor rupture during surgery. There were too many potential influencing factors like primary disease, previous surgery, patients' systemic status might correlate to the results of this study, especially for the relatively small sample size in this study, the bias might be enlarged.