

## PEER-REVIEW REPORT

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

**Manuscript NO:** 81622

**Title:** Surveillance strategies following curative resection and non-operative approach of rectal cancer: How and how long? Review of current recommendations

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

**Peer-review model:** Single blind

**Reviewer's code:** 00009776

**Position:** Editorial Board

**Academic degree:** MD, PhD

**Professional title:** Chief Doctor, Director, Professor, Senior Scientist, Surgeon

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

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

**Manuscript submission date:** 2022-11-23

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2022-11-28 01:21

**Reviewer performed review:** 2022-11-28 02:38

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 Grade E: Do not publish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



**Baishideng  
Publishing  
Group**

7041 Koll Center Parkway, Suite  
160, Pleasanton, CA 94566, USA  
**Telephone:** +1-925-399-1568  
**E-mail:** bpgoffice@wjgnet.com  
<https://www.wjgnet.com>

<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**

Follow up programs after rectal cancer curative treatment have been widely accepted. There are several guidelines like ASCO, NCCN, ESMO for reference. Regarding which test should be performed, the time schedule, the frequency and the duration of the surveillance, I think it is not a confused option. Even if the guidelines are not consistent with each other at some respects, they are generally practical. This review provide an overview of recommendations on this topic, however, the earlier part of the manuscript is verbose. The medical history and physical examination, CEA, liver function test, and introduction should be massively compressed.

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**Peer-review model:** Single blind

**Reviewer's code:** 03723046

**Position:** Peer Reviewer

**Academic degree:** MD, PhD

**Professional title:** Attending Doctor, Lecturer

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

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

**Manuscript submission date:** 2022-11-23

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2022-11-23 23:55

**Reviewer performed review:** 2022-12-02 13:19

**Review time:** 8 Days and 13 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
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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**

First, this is an interesting review focus on the surveillance strategies for rectal cancer patients after total mesorectal resection as well as patients with non-operative management, which is a hot topic in the era of neoadjuvant chemoradiation. This review provides systemic summary of evidence based on guidelines and clinical studies. Second, this review lists a series of clinical examinations, such as DRE, CT, etc. As the functional screening, such as PET-MRI, or in vivo imaging using tumor specific isotopes might be more proficient. Third, it would be of importance to introduce the detailed definition of non-operational strategies, such as wait and watch, for cCR patients, or curative radiation, etc. Recent literatures demonstrated that accumulating evidence provided in the preference of wait and watch in certain selected patients with intensified chemoradiation.

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**Reviewer's code:** 06408918

**Position:** Peer Reviewer

**Academic degree:** MD

**Professional title:** Doctor

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

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

**Manuscript submission date:** 2022-11-23

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2022-11-26 13:59

**Reviewer performed review:** 2022-12-05 13:40

**Review time:** 8 Days and 23 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No



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	Conflicts-of-Interest: [ <input type="checkbox"/> ] Yes [ <input checked="" type="checkbox"/> ] No

### **SPECIFIC COMMENTS TO AUTHORS**

This review of follow-up for rectal cancer is a retrospective study of sufficient follow-up trials and protocols with a sufficient literature background. In addition, there is no consensus on follow-up after treatment for colorectal cancer. This review provides available evidence for this phenomenon and has special significance for future guidance.