

## ESPS PEER-REVIEW REPORT

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

**ESPS manuscript NO:** 21339

**Title:** Primary prevention and treatment of venous thromboembolic events in patients with gastrointestinal cancers - Review

**Reviewer's code:** 00013033

**Reviewer's country:** Hungary

**Science editor:** Fang-Fang Ji

**Date sent for review:** 2015-07-08 17:30

**Date reviewed:** 2015-09-18 03:46

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input type="checkbox"/> High priority for publication
<input checked="" type="checkbox"/> Grade C: Good	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Duplicate publication	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		BPG Search:	<input type="checkbox"/> Major revision
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

## COMMENTS TO AUTHORS

A mainly well-written paper covering an important clinical area. Comments; 1. the paper is way too long, please shorten and better focus 2. reference stlye should be adjusted. 3. PLease add a Table with 5-6 bullet points as main take home messages

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**Reviewer's code:** 01992073

**Reviewer's country:** Italy

**Science editor:** Fang-Fang Ji

**Date sent for review:** 2015-07-08 17:30

**Date reviewed:** 2015-09-21 17:56

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input type="checkbox"/> High priority for publication
<input checked="" type="checkbox"/> Grade C: Good	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Duplicate publication	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input type="checkbox"/> Plagiarism	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input checked="" type="checkbox"/> No	<input type="checkbox"/> Major revision
		BPG Search:	
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

## COMMENTS TO AUTHORS

The manuscript by Riess and colleagues is an interesting review of primary prevention and treatment of venous thromboembolic events (VTE) in patients with gastrointestinal (GI) cancers. Overall, the article is potentially interesting and worthy of consideration. However, although the Authors declare their intention of focusing on VTE management in GI cancers, the paper is centered on cancer patients in general. Thus, the innovative aspect of the article (the focus on GI tumors) is completely lost, endangering its novelty and publishing priority. As GI cancers are a miscellanea of cancer types with different VTE rates, I would have expected a more detailed scrutiny of the available evidences on different GI cancer types. Not all guidelines, for example, recommend thromboprophylaxis for pancreatic cancer; all agree on the need to treat high risk tumors, but stomach cancer (high risk in the Khorana score) is never referred to. The situation is even more confusing for colorectal cancer that, although previously considered as "low-risk", could be probably classified as intermediate (Thromb Res 2015; 135: 472-478). A thorough discussion of these or similar issues would have greatly increased the significance of the manuscript. The English form



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needs to be improved for clarity and grammar. References are not up-to-date, some are duplicated (Ref. # 32 is the same as # 81) and some relevant articles are missing. For example, authors report on the implementation of Khorana score using laboratory variables, but they completely overlooked a similar approach that used drugs to improve VTE risk prediction (the Protecht score). Furthermore, the recent guidance from the SSC of the ISTH on the use of Khorana score to classify high risk patients who may benefit from thromboprophylaxis should be cited, as it should the recent review on pro and cons of NOACs by Verso et al. (Intern Emerg Med 2015; 10:651-656). Reference format and authors' name correctness should be also checked.

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**Title:** Primary prevention and treatment of venous thromboembolic events in patients with gastrointestinal cancers - Review

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CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input checked="" type="checkbox"/> Grade A: Excellent	<input checked="" type="checkbox"/> Grade A: Priority publishing	Google Search:	<input checked="" type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input type="checkbox"/> High priority for publication
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		<input checked="" type="checkbox"/> No	

## COMMENTS TO AUTHORS

very well written