



**PEER-REVIEW REPORT**

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

**Manuscript NO:** 42403

**Title:** Successful treatment of obstructing colonic cancer by combining self-expandable stent and neoadjuvant chemotherapy: A case report and literature review

**Reviewer's code:** 03729731

**Reviewer's country:** South Korea

**Science editor:** Jin-Lei Wang

**Date sent for review:** 2018-09-21

**Date reviewed:** 2018-09-27

**Review time:** 5 Days

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 Grade E: Do not publish	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

**SPECIFIC COMMENTS TO AUTHORS**

There is nothing to comment.

**INITIAL REVIEW OF THE MANUSCRIPT**



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**PEER-REVIEW REPORT**

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

**Manuscript NO:** 42403

**Title:** Successful treatment of obstructing colonic cancer by combining self-expandable stent and neoadjuvant chemotherapy: A case report and literature review

**Reviewer’s code:** 03765309

**Reviewer’s country:** Greece

**Science editor:** Jin-Lei Wang

**Date sent for review:** 2018-09-21

**Date reviewed:** 2018-10-03

**Review time:** 12 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**

Performance status and comorbidities of the particular patient should be mentioned. SEMS insertion carries its own morbidity and relevant technical issues and complications should be reported in the Discussion.



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**PEER-REVIEW REPORT**

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

**Manuscript NO:** 42403

**Title:** Successful treatment of obstructing colonic cancer by combining self-expandable stent and neoadjuvant chemotherapy: A case report and literature review

**Reviewer’s code:** 03647746

**Reviewer’s country:** Taiwan

**Science editor:** Jin-Lei Wang

**Date sent for review:** 2018-09-21

**Date reviewed:** 2018-10-15

**Review time:** 23 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 type="checkbox"/> Anonymous
<input type="checkbox"/> Grade C: Good	polishing	<input type="checkbox"/> Accept	<input type="checkbox"/> Onymous
<input checked="" 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 checked="" 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**

1. “According to the guideline of ESGE, the patient should have surgery 5-10 days after stent insertion” Could you explain it in more detail? Why should the patient have surgery 5-10 days after stent insertion? If having surgery less than 5 days or more than



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10 days after stent, what problems would it cause to the patients? Is there any evidence against having surgery more than 10 days (even more than 50 days) after stent? 2. Please provide more references, such as “because of the chronic obstruction, the swelling of intestine is common, and the patients usually suffer from malnutrition, electrolyte disturbances and some other disorders. Stoma rate and complication rate are high in surgically treated patients”. 3. In the discussion, you mentioned that the patient’s intestine was very swollen at admission. And the patient was in a poor nutritional status. so you did not perform the operation on the patient at once. But you also mentioned “Recent studies indicated that there was no difference in progression-free survival (PFS) and overall survival (OS) between emergency surgery and stent placement. More importantly, some studies reported that the endoscopic stent insertion for colorectal cancer may result in tumor cell dissemination into the peripheral circulation and may induce distant metastases and poor prognosis.” This was also one of the reasons why you did not perform the operation on the patient at once. I really get confused. 4. In the discussion, you mentioned “it reduces the stoma placement rate as well”. It just a case-report, how can you conclude that it reduces the stoma placement rate? 5. Please explain the clinical value of this case in more detail. In addition, in the reference “Self-Expandable Metal Stents for Colorectal Cancer: From Guidelines to Clinical Practice”, the article has reported three patients who underwent neoadjuvant chemotherapy in the bridge to surgery group.

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