

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 31154

Title: Incidental adenocarcinoma in patients undergoing surgery for stricturing Crohn's disease

Reviewer's code: 03476759

Reviewer's country: Lebanon

Science editor: Yuan Qi

Date sent for review: 2016-11-02 08:20

Date reviewed: 2016-11-02 17:12

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input checked="" type="checkbox"/> Grade A: Priority publishing	Google Search:	<input checked="" type="checkbox"/> Accept
<input checked="" 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
<input 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"/> 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 authors report on the occurrence of incidental colorectal cancer in patients undergoing surgery for stricturing CD. The data is very important and to be published as is. Congrats

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 31154

Title: Incidental adenocarcinoma in patients undergoing surgery for stricturing Crohn's disease

Reviewer's code: 00182114

Reviewer's country: Japan

Science editor: Yuan Qi

Date sent for review: 2016-11-02 08:20

Date reviewed: 2016-11-10 10:02

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 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

Dear author Patients with Crohn's disease (CD) of the small and/or large intestine have an increased risk of developing cancer at these sites. The risk is related to 2 main factors: 1. The duration of inflammation, (i.e. the length of time since it was first diagnosed). 2. The site and severity of the disease. The site and severity of the disease Cancers of the small intestine in CD tend to occur in areas affected by underlying inflammation. Most small intestinal tumours occur in the terminal ileum when severe inflammation, with consequent narrowing and stricture formation, has persisted. Cancer of the large intestine tends to occur when the right side of the colon is affected with associated strictures and/or fistulous disease. Cancer may also be associated with long-standing perianal disease (ano-rectal fistulae, fissures, abscesses) which has not responded to conventional treatment. I ask some questions. 1. According to your data, the duration which you can detect adenocarcinoma at stricturing site is 36 years in case 1, 16 years in case 2, 30 years in case 3, 13 years in case 4, 7 years in case 5, 16 years in case 6. Please comment association between duration of CD and cancer. 2. I think that cancer may also be associated with long-standing perianal disease (ano-rectal fistulae, fissures,



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abscesses) which has not responded to conventional treatment. How about your case, anorectal fistula and fistula?

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 31154

Title: Incidental adenocarcinoma in patients undergoing surgery for stricturing Crohn's disease

Reviewer's code: 00058696

Reviewer's country: United States

Science editor: Yuan Qi

Date sent for review: 2016-11-02 08:20

Date reviewed: 2016-11-13 01:28

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 type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input type="checkbox"/> High priority for publication
<input 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 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 type="checkbox"/> No	

COMMENTS TO AUTHORS

I have examined this new manuscript. I have summarized some issues that limit a reader's understanding of this present field: 1) In the Introduction line 8, the authors raise the question about "endoscopic surveillance and cancer prevention". In their Discussion, the authors must clearly identify how their present results may change this statement. 2) In their Discussion, the authors could add a Table summarizing their results and prior results (References 7,9, and 10) showing the number of patients, the % of patients with incidental adenocarcinomas (which appears to range from 0.8% to 6.8%), and identified risk factors. 3) Do the authors know how long the patients had symptoms of stricture from Crohn's disease prior to the surgical resection that either did or did not identify adenocarcinoma. 4) The authors need to discuss in their results the findings with regards to medication use (which is in their table). 5) In Results: Malignant lesion of the "ileocolon". Please identify the lesion as we can not tell whether the authors believe it arose in a terminal ileal stricture or in a cecal stricture. In Minor Issues: 1) In the Table, the result for Body Mass Index under "Stricturing CD and incidental cancer" is empty.