

## ESPS PEER-REVIEW REPORT

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

**ESPS manuscript NO:** 25881

**Title:** Role of Surgery for Colorectal Cancer in the Elderly

**Reviewer's code:** 03537163

**Reviewer's country:** Italy

**Science editor:** Ya-Juan Ma

**Date sent for review:** 2016-03-25 14:37

**Date reviewed:** 2016-04-06 05:21

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

Dear Authors, overall the manuscript is good and it is a current topic already widely debated in Literature, therefore analysis of Literature in some parts of the text had to be more accurate and the discussion of preoperative risk factors should have been more extensive and detailed. I would bring to the attention of you some points: 1. The section entitled " Laparoscopy in CRC of the elderly" is well structured but the literature research is not recent. References 33, 34, 35, 36 are too old, there are more recent work on the subject with extensive case studies for example: Takao H , et al . " Laparoscopic versus open surgery for colorectal cancer in Elderly patients: a multicenter matched case-control study" Annals of Surgical Oncology 2015; 22 (6): 2040-2050 Kannan U, et al " Laparoscopic vs open partial colectomy in elderly patients : insights from the American College of Surgeons- National Surgical Quality Improvement Program database" World Journal of Gastroenterology 2015 dec 7; 21 (45): 12843-12850 Vallribera Valls F, et al . " Laparoscopic-assisted versus open colectomy for treatment of colon cancer in the elderly: morbidity and mortality outcomes in 545 patients" Surgical Endoscopy 2014; 28(12): 3373-3378 2. Why did not you use a summary tables reporting morbidity, mortality, survival of the various works cited? I think it would be easier



## BAISHIDENG PUBLISHING GROUP INC

8226 Regency Drive, Pleasanton, CA 94588, USA

Telephone: +1-925-223-8242

Fax: +1-925-223-8243

E-mail: [bpgoffice@wjgnet.com](mailto:bpgoffice@wjgnet.com)

<http://www.wjgnet.com>

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to understand the real postoperative benefit who undergo treated patients compared to those not treated. 3. Finally, established that chronological age is not a contraindication to surgery, but elderly patients inevitably have a higher postoperative morbidity rate, it would have been reasonable to make a wider discussion on preoperative factors to take into consideration for the therapeutic decision.

## ESPS PEER-REVIEW REPORT

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

**ESPS manuscript NO:** 25881

**Title:** Role of Surgery for Colorectal Cancer in the Elderly

**Reviewer's code:** 03397121

**Reviewer's country:** Germany

**Science editor:** Ya-Juan Ma

**Date sent for review:** 2016-03-25 14:37

**Date reviewed:** 2016-04-10 21:26

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	Google Search:	<input checked="" type="checkbox"/> Accept
<input checked="" 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 type="checkbox"/> Grade C: Good		<input type="checkbox"/> Duplicate publication	
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Plagiarism	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade E: Poor	<input type="checkbox"/> Grade D: Rejected	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Minor revision
		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

The current manuscript reviews the role of colorectal cancer surgery in the elderly. The topic is timely and of importance. The manuscript is -in general- well written and the relevant literature is cited and discussed. I believe that this is an interesting addition to this topic.

## ESPS PEER-REVIEW REPORT

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

**ESPS manuscript NO:** 25881

**Title:** Role of Surgery for Colorectal Cancer in the Elderly

**Reviewer's code:** 03003312

**Reviewer's country:** Netherlands

**Science editor:** Ya-Juan Ma

**Date sent for review:** 2016-03-25 14:37

**Date reviewed:** 2016-04-19 17:43

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 checked="" 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 concerns the role of surgery for elderly patients with colorectal cancer in a broad spectrum (from rectal to colon and either metastasized or non metastasized). The relevant information is present in the manuscript but not always in a clear order. The message of this topic highlight in itself is clear that age itself should not be a factor that rules out surgery. Concerning the structure of the article. I would recommend to limit the impact of age section to age related issue only. For example, comorbidities and emergency surgery issues are addressed here but in more detail further in the manuscript. I suggest keeping it separate to make it clearer to the readers. Therefore, the order of the subheadings should be changed. First: age in general (impact of age), guidelines that pose age related restrictions etc. Second: comorbidities, their incidence in elderly, the relation with postoperative morbidity/mortality, their role in decision making and outcomes from previous studies. Third: surgery/emergency surgery/ laparoscopy/palliative surgery/stenting etc. What I'm also missing in this article are 2 things: 1. Is there a difference between colon cancer and rectal cancer since the operations and their morbidity/mortality rates are known to be different. Is rectum surgery as safe in the elderly compared to colon surgery? 2. Have we changed our opinion on the role of



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Telephone: +1-925-223-8242

Fax: +1-925-223-8243

E-mail: [bpgoffice@wjgnet.com](mailto:bpgoffice@wjgnet.com)

<http://www.wjgnet.com>

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surgery in the elderly compared to ten years ago, what direction are we heading.