

ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 5854

Title: Evolving treatment strategies for rectal cancer: a critical review of current therapeutic options

Reviewer code: 02445552

Science editor: Gou, Su-Xin

Date sent for review: 2013-09-29 13:57

Date reviewed: 2013-10-09 14:44

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A (Excellent)	<input checked="" type="checkbox"/> Grade A: Priority Publishing	Google Search:	<input type="checkbox"/> Accept
<input checked="" type="checkbox"/> Grade B (Very good)	<input type="checkbox"/> Grade B: minor language polishing	<input type="checkbox"/> Existed	<input type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C (Good)	<input type="checkbox"/> Grade C: a great deal of	<input type="checkbox"/> No records	
<input type="checkbox"/> Grade D (Fair)	language polishing	BPG Search:	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade E (Poor)	<input type="checkbox"/> Grade D: rejected	<input type="checkbox"/> Existed	<input type="checkbox"/> Minor revision
		<input type="checkbox"/> No records	<input checked="" type="checkbox"/> Major revision

COMMENTS TO AUTHORS

The review article of Damin and Lazzaron is well designated and written. It is focused in the actual aspect of treatment strategies of rectal cancer at present. I think this article may be interesting for Journal readers. However, I think that several aspects may be improved: Major commentaries: -The methodology used for selecting related studies for this revision should be provided. -In my opinion, a Figure showing the key anatomic concepts of rectal cancer should be provided. This illustration should include concepts such as peritoneal reflection, mesorectum, perirectal lymph nodes, Denonvilliers fascia, or hypogastric and parasympathetic pelvic nerves. -I consider that the authors should present Tables showing information about the results from the referred trials mentioned in the sections "Neoadjuvant Treatment" and "The "Wait and See" Approach". Therefore, in the text of these sections the authors should comment only the most relevant findings from these studies. This could improve the comprehension for readers. -The section "Sphincter Preservation After Neoadjuvant Therapy" could be added to the prior section in the paper. Minor commentaries: -The authors should use "versus" instead "versus" along the text. -Use adequately the abbreviations at first place, for example: Endorectal ultrasound (EUS) or Magnetic resonance imaging (MRI). -Correct punctuation: for example "1,861" instead "1861", etc. -There is a term missing at the end of the third paragraph in section "Neoadjuvant Treatment": "...within 6 to 12 ?? after completion..." -In the section "Minimal Invasive Surgery", data from Anderson C et al. about number of recovered lymph nodes are: (laparoscopy: 10, open=12) instead (laparoscopy: 10, open=11).

ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 5854

Title: Evolving treatment strategies for rectal cancer: a critical review of current therapeutic options

Reviewer code: 02441174

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CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	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"/> Existed	<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"/> No records	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D (Fair)	<input type="checkbox"/> Grade D: rejected	BPG Search:	<input checked="" type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)		<input type="checkbox"/> Existed	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

COMMENTS TO AUTHORS

The presented manuscript contains numerous valuable information in the field of oncology and surgical treatment of rectal cancer. It can be read primarily for the gastroenterologist, but also for novice surgeons working in Colorectal Units. The manuscript, except the last chapter "Minimally Invasive Surgery", does not contain too much new and innovative information. The presentation of the material is quite clear, but in some cases could be enriched with tables. In the treatment of rectal cancer the most important elements include: proper advancement and relevant decisions of the medical staff. The quality of treatment is directly related to the presence of interdisciplinary function of Colorectal Unit. It seems that the authors dealt with the issue properly with some detailed notes listed below. In the final part the summary should include the information about databases, which the authors used. The title reflects the main theme and content of the material analyzed. The introduction is quite readable. Due to the fact that the article is of review character after the introduction it should include information on the method used, such as databases, data, material analysis period, the criteria for inclusion and exclusion. The results are shown quite clearly, however, I would recommend to introduce changes in the individual chapters. In the chapter "Pre treatment Evaluation and Staging" I would add the information that in case of rectal cancer which exclude a full colonoscopy, there is a possibility to carry out an examination by means of rectal infusion or intraoperative colonoscopy. In the chapter "Neoadjuvant Treatment" the abbreviation of SCRT is not explained. In the sentence "Radical surgery should be performed within 6 to 12 after completion of the neoadjuvant treatment" the word "weeks" is missing. In the chapter "Radical Surgical Approach" there is no information on protective ileostomy in case of ultra-low colorectal anastomosis or in patients with high risk of the leakage (after neoadjuvant therapy or performed by a less



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experienced surgeon). The information on when protective ileostomy should be removed should also be included. The authors should; mention the manometirc examination of rectal sphincter which result may have an influence on the decision concerning the type of procedure (either LAR or APR). In the chapter "Sphincter Preservation in Ultra-low Rectal Tumors" in type I of Rullier classification the word "less than 1 cm" should probably be replaced with the word "more". The references are appropriate, relevant, and updated.

ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 5854

Title: Evolving treatment strategies for rectal cancer: a critical review of current therapeutic options

Reviewer code: 00039963

Science editor: Gou, Su-Xin

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CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A (Excellent)	<input checked="" 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"/> Existed	<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"/> No records	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D (Fair)	<input type="checkbox"/> Grade D: rejected	<input type="checkbox"/> Existed	<input checked="" type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)		<input type="checkbox"/> No records	<input type="checkbox"/> Major revision

COMMENTS TO AUTHORS

The Authors must be commended for this overview on the controversies on the management of rectal cancer. I have no major comments but the chapter on the robotic approach should mention also the disadvantages of this technique like the complete loss of the sensory sensation, the time needed to set up the robot.

ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 5854

Title: Evolving treatment strategies for rectal cancer: a critical review of current therapeutic options

Reviewer code: 02441703

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CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	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"/> Existed	<input type="checkbox"/> High priority for publication
<input checked="" type="checkbox"/> Grade C (Good)	<input type="checkbox"/> Grade C: a great deal of	<input type="checkbox"/> No records	
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<input type="checkbox"/> Grade E (Poor)	<input type="checkbox"/> Grade D: rejected	<input type="checkbox"/> Existed	<input type="checkbox"/> Minor revision
		<input type="checkbox"/> No records	<input checked="" type="checkbox"/> Major revision

COMMENTS TO AUTHORS

Thank you for your study on the management of rectal cancer patients. I want to recommend to you in several points. 1) The TNM staging system is well known, therefore, I think you don't need to notice table 1 and 2. 2) I think you would be better to describe "the sphincter preservation" integrating the distal margin, after neoadjuvant chemoradiotherapy, and in ultralow rectal tumors. 3) Would you write the results of reviewed articles without precise explanation about the technique?