



ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastrointestinal Surgery

ESPS manuscript NO: 18704

Title: Laparoscopic complete mesocolic excision with central vascular ligation in right colon cancer: A comprehensive review

Reviewer’s code: 03317203

Reviewer’s country: Australia

Science editor: Ya-Juan Ma

Date sent for review: 2015-04-29 11:54

Date reviewed: 2015-06-30 01:26

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 checked="" 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

Well done on a thoroughly researched minireview. Suggestions below. Mostly these are minor. Introduction, 3rd paragraph, the “no touch” technique is mentioned. This appears a number of times through this paper and yet this is not part of Hohenberger’s CME + CVL technique nor part of the concept of CME + CVL. It’s a separate concept and in this context, confuses the point. Under the subtitle “Time for a new terminology?” You should define what u mean by mesofascial, retrofascial and colofascial plane - ie between which 2 structures. Under “The rationale behind”.... 3rd paragraph. Consider including data on apical nodes.... Their impact if they’re involved, the frequency of skip metastases, one of the potential advantages of CVL is a more accurate staging of these cancers. The other is the increased node yield... maybe look at West’s data on actual numbers of nodes collected and its impact on survival regardless of positivity... there are a few papers on this topic. Under “Quality of the surgical specimen and Results... Separate your results. This is the most important part of your article. The results section needs the most work. You need to include more studies here. Currently your results do not reflect your conclusions. Order the results to



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make it make more sense rather than jumping around. E.g - have a paragraph on CME + CVL versus standard resection, Lap CME + CVL versus open etc. Within each section, you need results reflecting quality of surgical specimen, LR, DFS, OS etc. Overall comments - there are many grammatical and spelling errors. I assume this will be corrected in your final draft.



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ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastrointestinal Surgery

ESPS manuscript NO: 18704

Title: Laparoscopic complete mesocolic excision with central vascular ligation in right colon cancer: A comprehensive review

Reviewer's code: 00057665

Reviewer's country: Spain

Science editor: Ya-Juan Ma

Date sent for review: 2015-04-29 11:54

Date reviewed: 2015-07-10 04:36

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	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"/> 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"/> 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

Interesting and timely review. However, Don't the authors think that in the absence of solid evidence the following is an overstatement? laparoscopic CME with CVL should be intensely considered as a crucial component of any modern, actual, multimodal management of right colonic cancer"



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ESPS PEER-REVIEW REPORT

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ESPS manuscript NO: 18704

Title: Laparoscopic complete mesocolic excision with central vascular ligation in right colon cancer: A comprehensive review

Reviewer's code: 00058573

Reviewer's country: India

Science editor: Ya-Juan Ma

Date sent for review: 2015-04-29 11:54

Date reviewed: 2015-07-18 13:16

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
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		<input type="checkbox"/> Duplicate publication	
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COMMENTS TO AUTHORS

Nice article on Clinical Practice. It would be better if a table is added highlighting and summarizing all the points and showing the quality (level) of evidence in one of the columns as well.



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ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastrointestinal Surgery

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CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
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		<input checked="" type="checkbox"/> No	

COMMENTS TO AUTHORS

This review article has enough good contents. For the readers of this review, it should be better to understand the author's points if the illustrations that show the difference between the extent of Japanese D3 lymph nodes dissection and the CME with CVL and the differences of the surgical planes commented on the page 6 will be prepared.