

ESPS Peer-review Report

Name of Journal: World Journal of Gastrointestinal Oncology

ESPS Manuscript NO: 7602

Title: Do the benefits outweigh the side effects of postoperative colorectal cancer surveillance? A systematic review

Reviewer code: 01003539

Science editor: Wen, Ling-Ling

Date sent for review: 2013-11-26 22:38

Date reviewed: 2013-12-26 17:58

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

COMMENTS TO AUTHORS

1. The authors should present an unbiased summary of the current understanding of this topic. Are the benefits worth the harms and costs? 2. will all clinically important outcomes considered? This issue should be discussed.

ESPS Peer-review Report

Name of Journal: World Journal of Gastrointestinal Oncology

ESPS Manuscript NO: 7602

Title: Do the benefits outweigh the side effects of postoperative colorectal cancer surveillance? A systematic review

Reviewer code: 00503612

Science editor: Wen, Ling-Ling

Date sent for review: 2013-11-26 22:38

Date reviewed: 2014-01-07 02:45

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

COMMENTS TO AUTHORS

Thank you for the opportunity to review this manuscript. In general it is a nice invited review. There are several small suggestions you may consider: 1. Please re-review to correct the grammatical and spelling errors in the manuscript [(i.e., "intensive follow-up is 5-10 % by, ") --what is the "by" for?; diagnosls vs diagnosis] These are easy to fix, though distracting for the reader. Re-run your spell checker too. 2. Introduction of acronyms should first be spelled out (QoL in Core tips)). 3. When you introduce the concept that preventative programs can harm patients, it would be nice to place a few reasons how (unneeded surgery/procedures, costs, etc). 4. What about the negative side effects (on the other side of the argument) of no surveillance or prolonged intervals and the patients that stress out without knowledge? You mention the negative psychological impact with over testing and waiting for the results, but it is clear it works both ways--do we have an obligation to address those people too? 5. Of note, there has been a systematic review of this topic in the Journal of Ca by Patrick Young and colleagues. 6. In this paper, remember not everyone is aware of what constitutes intensive vs standard and this should be in the introduction. 7. Dividing up into colon and rectal is also important as there are things described in rectal that may not be applicable to colon (ERUS/MRI) etc. 8. I believe reassurment in figure 2 is spelled wrong.