

## ESPS Peer-review Report

**Name of Journal:** World Journal of Gastroenterology

**Ms:** 3066

**Title:** Distinctive risk factors for local recurrence following neoadjuvant chemoradiotherapy for locally progressive rectal cancers

**Reviewer code:** 00724342

**Science editor:** x.x.song@wjgnet.com

**Date sent for review:** 2013-04-06 16:11

**Date reviewed:** 2013-04-19 06:18

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 checked="" 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 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 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 type="checkbox"/> Major revision

## COMMENTS

### COMMENTS TO AUTHORS:

The paper is very good and complex. The authors thoroughly explained the problem of distinctive risk factors for local recurrence following neoadjuvant chemoradiotherapy for locally progressive rectal cancers. They have described, in detail, the research results, as well as, the discussion. The conclusion was a logical consequence of the research results.

## ESPS Peer-review Report

**Name of Journal:** World Journal of Gastroenterology

**Ms:** 3066

**Title:** Distinctive risk factors for local recurrence following neoadjuvant chemoradiotherapy for locally progressive rectal cancers

**Reviewer code:** 02441287

**Science editor:** x.x.song@wjgnet.com

**Date sent for review:** 2013-04-06 16:11

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

## COMMENTS

### COMMENTS TO AUTHORS:

This is a review article. From the contents, this is not a meta-analysis, but a systematic review article. To give the distinctive risk factors suggested in this article clinical significant evidence, it is essential to retrieve them from well organized articles. Therefore, it is necessary to show characteristics of data analyzed, such as methods of data search, keywords, eligibility criteria of patients, language of papers, etc. Accordingly, "methods and materials" section is needed to make this manuscript more valuable and reliable.

1. Introduction 1) 4th line : Multidisciplinary approaches... - To insert 'neoadjuvant' seems to be better to understand the context. 2) 6th line : ...its pattern changing. - As nCRT altered patterns of local failure, would you show them more specifically? 3) 9th line : ...in addition to... - From 'these distinctive risk factors' in the following sentence, the associated risk factors with operation and adjuvant CRT are considered to be different to those with nCRT. So, it looks like to be appropriate to use 'unlike' or 'contrary' instead of 'in addition to'. 4) 10th line : these distinctive risk factors... - Would you mention them concretely? It is intriguing what the basis of their selection is. Before the distinctive risk factors were discussed, it is necessary to show why they were chosen in the "methods and materials" section.

## ESPS Peer-review Report

**Name of Journal:** World Journal of Gastroenterology

**Ms:** 3066

**Title:** Distinctive risk factors for local recurrence following neoadjuvant chemoradiotherapy for locally progressive rectal cancers

**Reviewer code:** 00503561

**Science editor:** x.x.song@wjgnet.com

**Date sent for review:** 2013-04-06 16:11

**Date reviewed:** 2013-04-19 13:18

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 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 type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)		<input type="checkbox"/> No records	<input type="checkbox"/> Major revision

## COMMENTS

### COMMENTS TO AUTHORS:

This is a literature review. I just suggest to put , "a literature review" in the end of the title. Then the manuscript is very informative.

## ESPS Peer-review Report

**Name of Journal:** World Journal of Gastroenterology

**Ms:** 3066

**Title:** Distinctive risk factors for local recurrence following neoadjuvant chemoradiotherapy for locally progressive rectal cancers

**Reviewer code:** 00207035

**Science editor:** x.x.song@wjgnet.com

**Date sent for review:** 2013-04-06 16:11

**Date reviewed:** 2013-04-23 11:03

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 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 checked="" type="checkbox"/> Grade C: a great deal of language polishing	<input type="checkbox"/> No records	<input type="checkbox"/> Rejection
<input checked="" type="checkbox"/> Grade D (Fair)		BPG Search:	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)	<input type="checkbox"/> Grade D: rejected	<input type="checkbox"/> Existed	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

## COMMENTS

### COMMENTS TO AUTHORS:

The issue is interesting and defining risks of local recurrence would be extremely helpful in treatment guidance of neoadjuvant treatment especially with respect to radiotherapy. Radiotherapy treatment volumes have evolved from scientific experience about location of relapses after resection and are influenced by risk factors attributable to the biologic condition of the tumors. The main risk factors related to a) tumor conditions (e.g. stage, grading, location, lymph vessel invasion, etc.), and b) treatment related factors (i.e. extent of surgery, surgical technique, use of robotic or minimally invasive surgery) should be analyzed more strictly. The manuscript would be greatly improved if the authors could give a contemporary look to the problems of rectal cancer surgery from the surgeon's point of view. Minor points: a) language revision is needed. b) the Reference section is not in full accordance with the journal's recommendations. Citations are given twice (e.g. Ref. 24 and 31).