

## ESPS PEER-REVIEW REPORT

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

**ESPS manuscript NO:** 16676

**Title:** Different treatment strategies and molecular features between right-sided and left-sided colon cancers

**Reviewer's code:** 03086186

**Reviewer's country:** Taiwan

**Science editor:** Yuan Qi

**Date sent for review:** 2015-01-27 09:32

**Date reviewed:** 2015-01-28 13:39

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input checked="" type="checkbox"/> Grade A: Priority publishing	PubMed 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"/> 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"/> Plagiarism	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		[Y] No	<input type="checkbox"/> Major revision
		BPG Search:	
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		[Y] No	

## COMMENTS TO AUTHORS

The authors have made a review on the differences between right-sided and left-sided colon cancers in regard of treatment strategies and molecular features. The review is comprehensive on these aspects and is expected to draw interest from the reader. However, I expect more citations of works from China.

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

**ESPS manuscript NO:** 16676

**Title:** Different treatment strategies and molecular features between right-sided and left-sided colon cancers

**Reviewer's code:** 03088461

**Reviewer's country:** Japan

**Science editor:** Yuan Qi

**Date sent for review:** 2015-01-27 09:32

**Date reviewed:** 2015-02-02 11:48

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	PubMed 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"/> 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

Comments to the authors The authors reviewed the molecular and genetic background of right colon cancer and left colon cancer. The outcome of the CRC patients differs according to the site and molecular biological characteristics. I think the bare bones of the theme is well written. It would be accepted with minor revision. 1.1 Radical surgery: Line 9: "Mortain's study" > Is "Moritani's" correct? 1.1 Radical surgery: Line 12: "Later in 1990s, published studies reported that differences emerged in 5-year OS rates of RCC and LCC, of which were 56.3% versus 59.7%(p<0.01)[5]," > This data is not seen in the reference 5. Please cite the correct paper. There are two abbreviations for "metastatic colorectal cancer", such as "MCC" and "metastatic CRC". The authors had better use one term in order to avoid confusion. "P53" should be described as "p53". Both are used in the text. Proximal CRC and Distal CRC, RCC and LCC, Are these relationships (the borderline) the same? If these are the same, please describe it in the text.

## ESPS PEER-REVIEW REPORT

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

**ESPS manuscript NO:** 16676

**Title:** Different treatment strategies and molecular features between right-sided and left-sided colon cancers

**Reviewer's code:** 03062291

**Reviewer's country:** Russia

**Science editor:** Yuan Qi

**Date sent for review:** 2015-01-27 09:32

**Date reviewed:** 2015-02-10 01:39

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	PubMed 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"/> 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

Current review aims at summarizing the differences in-between these cancer types with respect to various therapeutic strategies. The manuscript is well written and does not require significant improvement. However, I would like to see more clear differences for the patients with RCC and LCCC. For instance - where is the higher median age at diagnosis - the age-dependent prognosis (especially as a risk factor for post-surgical recurrence) It would be also helpful to include abbreviations for uncommon terms.