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PEER-REVIEW REPORT

Name of journal: World Journal of Gastrointestinal Oncology

Manuscript NO: 62683

Title: What is the best surgical procedures of transverse colon cancer?: An evidence map and minireview

Reviewer's code: 03816788
Position: Peer Reviewer
Academic degree: FACS, FICS, MBBS, MS
Professional title: Associate Professor
Reviewer's Country/Territory: India
Author's Country/Territory: China

Manuscript submission date: 2021-01-15
Reviewer chosen by: AI Technique
Reviewer accepted review: 2021-01-16 04:22
Reviewer performed review: 2021-01-16 08:41
Review time: 4 Hours

Scientific quality	[ ] Grade A: Excellent [ ] Grade B: Very good [Y] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish
Language quality	[ ] Grade A: Priority publishing [Y] Grade B: Minor language polishing [ ] Grade C: A great deal of language polishing [ ] Grade D: Rejection
Conclusion	[ ] Accept (High priority) [ ] Accept (General priority) [ ] Minor revision [Y] Major revision [ ] Rejection
Re-review	[Y] Yes [ ] No
Peer-reviewer statements	Peer-Review: [Y] Anonymous [ ] Onymous Conflicts-of-Interest: [ ] Yes [Y] No

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SPECIFIC COMMENTS TO AUTHORS

Rationale of this review is optimal surgery for Transverse colon cancer. Transverse colectomy is less commonly used terminology. Extended right colectomy or left colectomy is still preferred terminology. Transverse colectomy comprised a lower percentage compared with extended colectomy- This needs to be checked with details of tumor location/size, surgery done, LNs harvested and outcomes of the studies included in this mini review. Without inclusion of above details, it becomes an inadequate commentary rather than a review. 1. Due to the broad diagnostic criteria of gastritis, patients with transverse colon cancer which manifested as upper abdominal pain were sometimes diagnosed as chronic superficial gastritis after gastroscopy. "chronic superficial gastritis" is histopathological diagnosis, it can co-exist with TCC. 2. "locate at lower appendicitis even pelvic cavity" Not clear- need to rephrase. 3. "According to published studies, 5-year survival rate was around 28%-50%, which is obviously poor than other colorectal tumors" Better to give proper % vis-à-vis with right, left colon and rectal cancers. 4. "lymph node metastasis will happen at both the superior and inferior mesenteric arterial branches" This statement may be true for tumors towards middle of TC/splenic flexure- not for isolated hepatic flexure. Explain. 5. "En-bloc resection without residual tumor" Use simple words like 'enbloc resection of tumor'/also, can mention amount of margin in regard to differentiation of the tumor 6. "The number of harvested lymph nodes is regarded as vital symbol" Explain ideal harvest. 7. "coloscopy" Use standard words as colonoscopy 8. Figure 1 focuses on Transverse colectomy. As most authors have used extended right colectomy or left colectomy, this figure does not make any sense unless the tumor location/size is mentioned along with surgery done. 9. References should be as per guidelines of the journal. Reference 1 has many author names. 10. Include a paragraph about limitations in this review.

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PEER-REVIEW REPORT

Name of journal: World Journal of Gastrointestinal Oncology

Manuscript NO: 62683

Title: What is the best surgical procedures of transverse colon cancer?: An evidence map and minireview

Reviewer's code: 05677992
Position: Peer Reviewer
Academic degree: MD
Professional title: Doctor
Reviewer's Country/Territory: Greece
Author's Country/Territory: China

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Scientific quality	[ ] Grade A: Excellent [ ] Grade B: Very good [Y] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish
Language quality	[ ] Grade A: Priority publishing [ ] Grade B: Minor language polishing [Y] Grade C: A great deal of language polishing [ ] Grade D: Rejection
Conclusion	[ ] Accept (High priority) [ ] Accept (General priority) [ ] Minor revision [Y] Major revision [ ] Rejection
Re-review	[Y] Yes [ ] No
Peer-reviewer statements	Peer-Review: [Y] Anonymous [ ] Onymous Conflicts-of-Interest: [ ] Yes [Y] No

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SPECIFIC COMMENTS TO AUTHORS

The use of English needs improvement; It may be worth to have the manuscript read once more by a native speaker to check for wording and grammar issues. For example, in section "Surgical procedure", sub-section "extended colectomy", 3rd parapragh from "Due to the specific anatomical position....." to "Localization of transverse colic carcinoma is especially difficult during operation, both attachment to omentum and fixed flexures altogether increase the difficulty." needs to be rewritten. Concerning the abstract, it would be preferable not just to copy the text as it is from the manuscript, but to use other words instead. There are too many repeated phrases, over and over, that make it difficult for the reader to stay focused on the article. Perhaps the abstract should end after "...a heatmap to show the evidence level and gap"; the text that follows is referred to the study's results and discussion sections. Keywords such as "transverse colectomy" and " extended colectomy" should be added. The structure of the manuscript needs improvement as well. It should be as follows: Introduction, Methods, Results, Discussion and Conclusion. The authors do not describe at all their methodology and how they conducted a heatmap (figure1); perhaps a small paragraph describing the basic steps that authors followed, regarding the literature review (inclusion/exclusion criteria, date criteria) is in order. Subsequently, the "results" section with figure 1 and its interpretation in the "discussion" should follow. All the above will enhance the brevity and focus of the manuscript and will facilitate the reading process. The references should be more up to date.The manuscript should be mainly based on papers published the last 5 years. A more thorough PubMed/Scopus database search will increase the quality of the article and will ensure its scientific value. The 2nd and 3rd paragraphs of the introduction have no references; please add them. The overall originality of the article is good. In the introduction, there is a similarity with Leijssen LGJ et al. 2018

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(reference No 20) and in the "extended colectomy" section with Kim HJ et all. 2009 (reference No 12) respectively. Generally, the article's topic is interesting and such papers will contribute to the scientific community, thus helping researchers/doctors/scientists to perceive the importance and comparison of transverse colon cancer procedures to one another. The aim of the manuscript is well stated and the analysis of the topic is adequate.