

PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Cases

Manuscript NO: 74587

Title: Effectiveness and safety of chemotherapy for patients with malignant

gastrointestinal obstruction: A Japanese population-based cohort study

Provenance and peer review: Unsolicited manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 05752228 Position: Peer Reviewer Academic degree: MD

Professional title: Academic Fellow

Reviewer's Country/Territory: Switzerland

Author's Country/Territory: Japan

Manuscript submission date: 2021-12-30

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-01-06 05:19

Reviewer performed review: 2022-01-17 23:08

Review time: 11 Days and 17 Hours

Scientific quality	[Y] Grade A: Excellent [] Grade B: Very good [] Grade C: Good [] Grade D: Fair [] Grade E: Do not publish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



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Peer-reviewer

Peer-Review: [Y] Anonymous [] Onymous

statements Conflicts-of-Interest: [] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

This is an interesting manuscript which attempts to cover a knowledge gap. The paper can be accepted as long as the authors are willing to address the following recommendations: 1. Provide more context about the current management algorithms/guidelines for gastrointestinal cancers leading to gastrointestinal objection in the introduction. Probably a figure could illustrate so, but I would leave this to the judgement of the authors 2. Elaborate on the limitations of their study (eg inclusion of patients with different types of cancer, the different number of participants in the study groups). 3. Recommend future research based on their findings and limitations. In this context the authors can consider briefly discussing precision medicine approaches (such as liquid biopsies, tumor genetic profiling or microbiome analysis - the latter have been stressed in some recent review studies regarding gastrointestinal malignancies either resectable or not.

https://www.ncbi.nlm.nih.gov/labs/pmc/articles/PMC6960076/

https://pubmed.ncbi.nlm.nih.gov/34298740/ - these references serve as an example, the authors can select studies that support their arguments on the matter)



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Provenance and peer review: Unsolicited manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 05562085 Position: Peer Reviewer

Academic degree: FRCS (Gen Surg)

Professional title: Academic Fellow

Reviewer's Country/Territory: Canada

Author's Country/Territory: Japan

Manuscript submission date: 2021-12-30

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-02-17 12:12

Reviewer performed review: 2022-02-17 14:58

Review time: 2 Hours

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



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Peer-reviewer

Peer-Review: [Y] Anonymous [] Onymous

statements Conflicts-of-Interest: [] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

Thank you for this important paper. This is useful to inform patients about the ability to have cases of longer survival after intervention for malignant obstruction. There are a few concerns with the paper that should be addressed. 1. "multiple obstructions" - does this mean multiple occurrences of obstruction, or multifocal obstruction- should be clarified 2. This type of literature is extremely biased, because receipt of chemotherapy depends on so many factors beyond BI and age, and the extent of disease is difficult to capture and quantify. This limitation needs to be addressed. 3. I question whether the primary outcome should be overall survival, rather than patency. We know that systemic chemotherapy increases survival, and those that are able to obtain chemotherapy are going to live longer. Patency, however, is something that we value and it is novel in understanding the role of chemotherapy in maintaining GI tract patency. Please address why you chose this outcome.
I do commend you on trying to inform this complex patient population.



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Title: Effectiveness and safety of chemotherapy for patients with malignant

gastrointestinal obstruction: A Japanese population-based cohort study

Provenance and peer review: Unsolicited manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 03478404 Position: Editor-in-Chief Academic degree: MD, PhD

Professional title: Associate Professor

Reviewer's Country/Territory: Romania

Author's Country/Territory: Japan

Manuscript submission date: 2021-12-30

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-02-15 12:58

Reviewer performed review: 2022-02-19 10:15

Review time: 3 Days and 21 Hours

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



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Peer-Review: [Y] Anonymous [] Onymous

statements

Conflicts-of-Interest: [] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

This manuscript, result of a multicentre study, has obviously great merits. Results are supported by tables, supplementary tables and figures. I have listed some suggestions for consideration below: 1. Key words: The authors may consider inserting here also "palliative surgery". The importance of Key words is to improve indexing. Also, it increases the chances for the manuscript to be found by readers, during their searches. 2. Core Tip: Here, the authors should briefly insert their findings, not only the controversies in the literature and the lack of multicentre experience. Their findings contribute to fill this gap and they are important. There are enough words left for the length of the Core Tip. 3. Introduction: As the following sentence represents a result, not an aim, please reformulate it: "In addition, we identified the optimal population for chemotherapy after palliative surgery or SEMS placement." Instead of "we identified" you could use "we aimed to identify...". 4. Material and methods: a. page 4: Since Figure 1 does not show any comparison between the two groups, I suggest to replace the verb "compared" with "selected" (or another verb chosen by the authors) and adjust the sentence accordingly [in the sentence "We compared the chemotherapy group (patients who received any chemotherapy drugs after the intervention) with the BSC group (patients who did not receive chemotherapy drugs after the intervention) (Figure 1)]." Same mention for the sentence in Results (Patient characteristics). b. Page 4: please rewrite the sentence "Gastrointestinal bleeding was defined as endoscopic hemostasis", maybe "was defined as any GI bleeding requiring endoscopic hemostasis." 5. Results: Table 1 shows multiple significant differences between the two groups. Please develop on this in Discussion. The authors used a lot of statistics in the Tables (correct, otherwise),



but many results have to be interpret with caution and they have to be discussed in detail in "Discussion". 6. Discussion paragraph should include more limitations. 7. Please insert also a paragraph indicating concrete directions for prospective research. 8. Reference 7 – Please correct the first author' name to "Brierley" and remove the repeated word "ed". 9. Please also insert ORCID for the Authors, according to the requirements of the journal. 10. Also, there are no « Conflict-of-Interest Disclosure Form » and « Copyright License Agreement ». Please insert.