

PEER-REVIEW REPORT

Name of journal: *World Journal of Clinical Cases*

Manuscript NO: 79495

Title: T1 rectal mucinous adenocarcinoma with bilateral enlarged lateral lymph nodes and unilateral metastasis: A case report

Provenance and peer review: Unsolicited manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 05388269

Position: Peer Reviewer

Academic degree: MD, RN

Professional title: Assistant Professor, Attending Doctor, Doctor, Nurse, Research Assistant, Staff Physician, Statistician, Surgeon

Reviewer's Country/Territory: Philippines

Author's Country/Territory: China

Manuscript submission date: 2022-09-02

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-09-02 04:49

Reviewer performed review: 2022-09-11 07:20

Review time: 9 Days and 2 Hours

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input checked="" type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Language quality	<input type="checkbox"/> Grade A: Priority publishing <input checked="" type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
Conclusion	<input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input checked="" type="checkbox"/> Major revision <input type="checkbox"/> Rejection

Re-review	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Peer-reviewer statements	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS

1. 36 year old woman for routine PE... underwent colonoscopy right away. Is this a standard protocol or colonoscopy automatically part of the routine PE in your institution. if so, just specify... unless something in the PE warranted AP to further colonoscopy 2. was Endorectal/anal ultrasound performed? 3. What type of polyp? What was the Haggits or Kikuchi classification of the polyp? 4. Why are there references [11] and [12] in your "Imaging examinations". Which is supposed to be your patient, not from another source... also what is 263D --> "... both located in the distal internal iliac region (263D) ..." was this taken from another source? 5. Was pelvis MRI performed after seeing suspicious LLNM on CT scan? 6. Mesorectal LN, was this a clear CRM or threatened CRM? - NCCN recommendation, cN1 - for NACRT. 7. Include distal and proximal margin of proctectomy specimen 8. Give more meaning to manuscript if you Include the following in your discussion: 1. Optimum radiologic imaging/workup in detecting LLNM in rectal cancer? (EUS, CT, MRI, PET-SCAN roles?); 2. Mention current NCCN guidelines for N1 rectal cancer preop patients? 3. Difference between the Japanese and Western guidelines on LLND (routine or selective? indication? safety); 4. Why LLND is important in mid and low rectal CA?.. Prognosis with and without LLNM.

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Reviewer's code: 06120334

Position: Peer Reviewer

Academic degree: MD

Professional title: Academic Research, Research Scientist, Surgeon

Reviewer's Country/Territory: Nicaragua

Author's Country/Territory: China

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Review time: 9 Days and 3 Hours

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
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Peer-reviewer statements	Peer-Review: [<input checked="" type="checkbox"/>] Anonymous [<input type="checkbox"/>] Onymous Conflicts-of-Interest: [<input type="checkbox"/>] Yes [<input checked="" type="checkbox"/>] No
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SPECIFIC COMMENTS TO AUTHORS

Very interesting case, jus a few corrections