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PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Cases

Manuscript NO: 54187

Title: Colorectal adenocarcinoma patients with M1a diseases receiving palliative primary tumor resection gained more clinical benefits than those with M1b diseases: A propensity score matching analysis

Reviewer's code: 01557283
Position: Editorial Board
Academic degree: MD, PhD
Professional title: Associate Professor, Surgeon
Reviewer's Country/Territory: Japan
Author's Country/Territory: China

Manuscript submission date: 2020-01-14
Reviewer chosen by: Ying Dou
Reviewer accepted review: 2020-02-25 06:00
Reviewer performed review: 2020-03-14 00:56
Review time: 17 Days and 18 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Scientific quality	[ ] Grade A: Excellent [ ] Grade B: Very good [Y] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish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) [Y] Minor revision [ ] Major revision [ ] Rejection
Re-review	[ ] Yes [ ] No
Peer-reviewer	Peer-Review: [Y] Anonymous [ ] Onymous

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

SPECIFIC COMMENTS TO AUTHORS

Summary of the present study. The authors showed that CRA patients with M1a diseases receiving primary tumor resection gained more clinical benefits than those with M1b disease. The present analysis was interesting, but some points should be addressed because, e.g., immediate chemotherapy following endoscopic colorectal stent may bring better outcome as compared to primary tumor resection. We may want to know what are the other positive prognostic factors in addition to lung M1a metastases after palliative primary resection, e.g., RAS wild type, primary resection after chemotherapy rather than upfront resection, etc, Major points. Methods 1. The selection criteria. (5) no previous surgery for metastatic site. The authors do not seem to show whether conversion M1a diseases were included or not. Were not there any patients, e.g., who underwent R0 liver resection after palliative primary resection followed by chemotherapy as conversion diseases? 2. Did not the patients analyzed in the present study, 2935 M1a diseases and 2145 M1b disease, undergo any surgical procedure through the clinical courses? 3. When did the patients undergo primary resection? Did all patients undergo an upfront surgery or a resection during palliative chemotherapy? Results. 1. Why did not the authors show the data divided by colon and rectum, individually? Palliative primary resection seems to have a risk of anastomotic leak after lower rectal cancer. 2. Did the present study include patients undergoing colorectal endoscopic stent to prevent obstruction or bleeding in the present study? Indeed, many CRA patients with unresectable metastatic diseases can be treated with immediate chemotherapy after colorectal stent. 3. The authors did not show RAS and BRAF status of the tumor. How does the wild type group or mutation group affect the survival period concerning palliative chemotherapy?

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PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Cases

Manuscript NO: 54187

Title: Colorectal adenocarcinoma patients with M1a diseases receiving palliative primary tumor resection gained more clinical benefits than those with M1b diseases: A propensity score matching analysis

Reviewer's code: 00071178
Position: Editor-in-Chief
Academic degree: FACS, MD
Professional title: Associate Professor
Reviewer's Country/Territory: Turkey
Author's Country/Territory: China

Manuscript submission date: 2020-01-14
Reviewer chosen by: Le Zhang
Reviewer accepted review: 2020-03-25 06:48
Reviewer performed review: 2020-04-03 07:02
Review time: 9 Days

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) [Y] Minor revision [ ] Major revision [ ] Rejection
Re-review	[ ] Yes [ ] No
Peer-reviewer	Peer-Review: [Y] Anonymous [ ] Onymous

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

SPECIFIC COMMENTS TO AUTHORS

Dear Authors Thank you for your presentation The authors divided the patients into two groups, over 65 and under. The authors should explain what criteria they have done. In my opinion, it is best to do this with ROC curve analysis. Is the data in Table-2 related to propensity score matching groups? or is it related to all patients mentioned in Table-1? In other words, if propensity score matching will be used, there is no need for statistics in Table-1. Only descriptive features should be given in Table-1.

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PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Cases

Manuscript NO: 54187

Title: Colorectal adenocarcinoma patients with M1a diseases receiving palliative primary tumor resection gained more clinical benefits than those with M1b diseases: A propensity score matching analysis

Reviewer's code: 01799104
Position: Editorial Board
Academic degree: AGAF, MD
Professional title: Associate Professor, Doctor
Reviewer's Country/Territory: Taiwan
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 [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	[ ] Yes [ ] No
Peer-reviewer	Peer-Review: [Y] Anonymous [ ] Onymous

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

SPECIFIC COMMENTS TO AUTHORS

This study demonstrated that resection of primary CRC for cases with distant metastasis has benefit for prolonging patients' survival time. Their findings may implicate that in stage IV CRC, resection of primary tumor may be indicated despite there is no acute bleeding, obstruction, perforation or other surgical indications. Authors may put the univariate and multivariate results, as shown in Table 2, into their discussion. As the other studies do, the predictors are most related to male, Black, older age, poorly differentiated, without chemotherapy, etc. They analyzed that location at rectum had better outcome but this may not be true for colon without discussion for sidedness. The most part I have concerned is that the SEER data is belonged to a registered institute in U.S. and whether there is any ethic issue or not. I cannot find any related documented file in your attached. Isn't it too strange that the US patients' data was reported by a hospital outside the US? Unless your hospital patients also involved in the study or you have been authorized by the SEER.