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ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 3286

Title: Triple Metachronous Colon Cancer

Reviewer code: 02446379

Science editor: Gou, Su-Xin

Date sent for review: 2013-04-19 14:54

Date reviewed: 2013-04-22 00:42

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A (Excellent)	<input checked="" type="checkbox"/> Grade A: Priority Publishing	Google 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"/> Existed	<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"/> No records	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D (Fair)	<input type="checkbox"/> Grade D: rejected	<input type="checkbox"/> Existed	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)		<input type="checkbox"/> No records	<input type="checkbox"/> Major revision

COMMENTS TO AUTHORS

The author by this letter to the Editor focuses on multiple primary cancers and raises the necessity of a colonoscopic surveillance regimen in patients with colon cancer. I believe that the information provided by this letter is important and well documented. I recommend to be published in WJGO in its current form without any changes or revisions.



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ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 3286

Title: Triple Metachronous Colon Cancer

Reviewer code: 02520448

Science editor: Gou, Su-Xin

Date sent for review: 2013-04-19 14:54

Date reviewed: 2013-05-04 22:27

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A (Excellent)	<input checked="" type="checkbox"/> Grade A: Priority Publishing	Google 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"/> Existed	<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"/> No records	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D (Fair)	<input type="checkbox"/> Grade D: rejected	<input type="checkbox"/> Existed	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)		<input type="checkbox"/> No records	<input type="checkbox"/> Major revision

COMMENTS TO AUTHORS

Dear Authors, This is an important topic and can add useful hints to the subject. The study re-emphasizes the high risk of metachronous colorectal cancer (CRC) occurrence and the need for classic surveillance colonoscopy. However, according to the current data, many of those patients with metachronous CRC display microsatellite instability (MSI) which is a predictive marker for the occurrence of further metachronous CRC. It seems that it was better to test for MSI before deciding the extent of the second operation, so that more extensive surgical approach might have been needed for the patient. Data supports that those with MSI, especially in younger ages, need subtotal colectomy at the time of the first metachronous CRC occurrence, so that not to wait for the third one¹⁻⁴. 1- Shitoh K, Konishi F, Miyakura Y, et al. Microsatellite Instability as a Marker in Predicting Metachronous Multiple Colorectal Carcinomas after Surgery. *Dis Colon Rectum*, 2002; 45(3): 329-333. 2- Koshiji M, Yonekura Y, Saito T, et al. Genetic alterations in normal epithelium of colorectal cancer patients may be a useful indicator for subsequent metachronous tumor development. *Ann Surg Oncol*, 2002; 9 (6): 580-6. 3- Tsantilas D, Ntinis A, Petras P, Zambas N, et al. Metachronous colorectal Adenocarcinomas. *Tech Coloproctol*, 2004; 8; S202-S204. 4- Brief DK, Brener BJ, Goldenkranz R, Alpert J, et al. Defining the Role of Subtotal Colectomy in the Treatment of Carcinoma of the Colon. *Ann Surg*. 1991; 213 (3); 248-52.