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ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

Ms: 3343

Title: How reliable is current imaging in restaging rectal cancer after neoadjuvant therapy?

Reviewer code: 00009776

Science editor: l.l.wen@wjgnet.com

Date sent for review: 2013-04-24 11:06

Date reviewed: 2013-05-02 23:11

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A (Excellent)	<input type="checkbox"/> Grade A: Priority Publishing	Google Search:	<input type="checkbox"/> [Y] Accept
<input type="checkbox"/> [Y] Grade B (Very good)	<input type="checkbox"/> [Y] 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)		BPG Search:	<input type="checkbox"/> [] Minor revision
<input type="checkbox"/> [] Grade E (Poor)	<input type="checkbox"/> [] Grade D: rejected	<input type="checkbox"/> [] Existed	<input type="checkbox"/> [] Major revision
		<input type="checkbox"/> [] No records	

COMMENTS

COMMENTS TO AUTHORS:

This paper reviewed the diagnostic accuracy of currently diagnostic tools and the effectiveness in predicting a complete pathological response in patients with advanced rectal cancer after neoadjuvant radio-chemotherapy. The restaging of rectal cancer following CRT is a important issue in clinic. To identify patients with true complete pathological response before surgical resection remains a challenge. I think this review give us the updated knowledge of this area. The conclusion is too long.



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Name of Journal: World Journal of Gastroenterology

Ms: 3343

Title: How reliable is current imaging in restaging rectal cancer after neoadjuvant therapy?

Reviewer code: 00505583

Science editor: l.l.wen@wjgnet.com

Date sent for review: 2013-04-24 11:06

Date reviewed: 2013-05-09 05:51

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

COMMENTS

COMMENTS TO AUTHORS:

This is a very nice review article describing current knowledge of imaging in restaging rectal cancer after neoadjuvant therapy. I agree with the conclusion made by the authors that modern imaging techniques are still not reliable in predicting complete response. It is suggested adding areas of current/future research that are considered promising for imaging restaging in the end of the article.