

ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 4885

Title: Anti-angiogenic therapies for metastatic colorectal cancer: current and future perspectives

Reviewer code: 00108759

Science editor: Zhai, Huan-Huan

Date sent for review: 2013-07-30 21:21

Date reviewed: 2013-07-31 17:47

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)	<input type="checkbox"/> Grade D: rejected	BPG Search:	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)		<input type="checkbox"/> Existed	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

COMMENTS TO AUTHORS

The authors should include description of novel angiogenesis targets like FGF, PLGF, Ang2 and etc and not only VEGF. Not sure if Anti-EGFR fits in the scope of the manuscript. What about use of sorafenib in mCRC? (The RESPECT trial). Negative results should also be highlighted in the review for the benefit of the readers (e.g. cetuximab and bevacizumab combination). Perhaps authors should also provide some description of cost benefit analysis and emerging criteria for tumor response assessments for anti-angiogenic therapy in mCRC and different end-points. There are multiple typos and grammatical errors in the manuscript. Some of the typos: comorbidities should be comorbidities. Recently, chemotherapy regimens containing 5-fluoracil, leucovorin, oxaliplatin and irinotecan combination are standard of care in the metastatic disease. Would benefit to exclude the word "recently" for better flow. Excessive use of "more recently" and "nowadays". "Our review will discuss novel biological drugs and their indications for mCRC patients and will bring future perspectives in this regard." ". However, it is possible discriminate metastasis suitable for resection those metastasis that become resectable through chemotherapy" Typo in the figure? pathological instead of patological?

ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 4885

Title: Anti-angiogenic therapies for metastatic colorectal cancer: current and future perspectives

Reviewer code: 02520984

Science editor: Zhai, Huan-Huan

Date sent for review: 2013-07-30 21:21

Date reviewed: 2013-08-16 00:11

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 checked="" type="checkbox"/> High priority for publication
<input checked="" type="checkbox"/> Grade C (Good)	<input checked="" 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	BPG Search:	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)		<input type="checkbox"/> Existed	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

COMMENTS TO AUTHORS

The paper by Andrade de Mello et al. is an interesting review of the biological therapies involving anti-angiogenic and anti-EGFR agents and their indication in metastatic colorectal cancer. However, there are several points that have to be clarified. First suggestion will be to use a broader title for the study to better reflect the contents included. The review is not only focused on anti-angiogenic therapies as long as it also reviews anti-EGFR biological agents and the new promiscuous tyrosine kinase inhibitors in mCRC. In my opinion the abstract gives a good idea about the content. In contrast, the introduction is focused only on angiogenesis without mentioning the role of EGFR in colorectal cancer. I will suggest making a more general introduction to help understanding the role of anti-EGFR therapies in cancer. The first page of introduction discusses colorectal cancer prevalence. This short introduction goes from the early stages, briefly discussing the importance of the early diagnosis, to the metastatic disease, which in my opinion is a little distracting. The paper reviews the therapies indicated for the advanced disease, therefore I think that the introduction should be more focused. The portion of introduction discussing the role of angiogenesis is confusing. The concepts of tumoral angiogenesis and physiological angiogenesis are mixed and, in my opinion, the flow of idea is not well structured. Tables are restricted to clinical trials involving anti-angiogenic drugs. I will suggest to include in the table all the clinical trials described in the test, including anti-EGFR and including bevacizumab. Accordingly, the figure could be more general including also anti-EGFR pathways, their interactions and the positions of the agents inside the figure. In summary, the paper reviews an interesting topic but I will suggest a better organization of the contents to make the test more comprehensive. The text needs orthographic and grammatical revision.