

ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 5963

Title: The interval to surgery after neoadjuvant treatment for rectal cancer

Reviewer code: 00057695

Science editor: Gou, Su-Xin

Date sent for review: 2013-09-29 12:31

Date reviewed: 2013-09-30 23:53

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

COMMENTS TO AUTHORS

Unfortunately, I find this manuscript adds nothing new to what we already know. It does not answer any of the controversial issues. Moreover, all the issues raised have been covered nicely earlier this year by Lim and Kim (J Korean Surg Soc. 2013 Jan;84(1):1-8). I also have the following comments: 1. There are some typographical mistakes e.g. in page 4: significantly, & page 7, under sphincter preservation " ... findings statistically significant findings", line 5 under Summary: locally advanced. 2. Page 6: what is meant by " Nevertheless was similar in the two groups."? 3. Page 9: the results are expected in 2013. The recruitment for the trial ends in October 2013, so results will not be expected in 2013.

ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 5963

Title: The interval to surgery after neoadjuvant treatment for rectal cancer

Reviewer code: 01588521

Science editor: Gou, Su-Xin

Date sent for review: 2013-09-29 12:31

Date reviewed: 2013-10-02 17:45

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

This is an interesting topic. The manuscript still needs careful editing.

ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 5963

Title: The interval to surgery after neoadjuvant treatment for rectal cancer

Reviewer code: 00061689

Science editor: Gou, Su-Xin

Date sent for review: 2013-09-29 12:31

Date reviewed: 2013-10-07 22:21

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

Thank you for allowing me to review this article by Dr Wasserberg. This is a very simple but instructive manuscript that nicely sets up the rationale for delaying surgery following preoperative radiotherapy. I only have a few suggestions: 1 - I would only suggest to replace ref 13 (related to oesophageal cancer) by two recent references from WJG Early dynamic transcriptomic changes during preoperative radiotherapy in patients with rectal cancer: A feasibility study Stephane Supiot, Wilfried Gouraud, Loïc Campion, Pascal Jezéquel, Bruno Buecher, Josiane Charrier, Marie-Francoise Heymann, Marc-Andre Mahé, Emmanuel Rio and Michel Chérel. World J Gastroenterol 19(21):3249-3254. Published online 2013 June 07. doi:10.3748/wjg.v19.i21.3249. Prognostic role of sensitive-to-apoptosis gene expression in rectal cancer. Ozden SA, Ozyurt H, Ozgen Z, Kilinc O, Oncel M, Gul AE, Karadayi N, Serakinci N, Kan B, Orun O. World J Gastroenterol. 2011 Nov 28;17(44):4905-10. doi: 10.3748/wjg.v17.i44.4905. 2 - It would also be interesting to cite two recent articles of interest for the topic: Neoadjuvant vs adjuvant pelvic radiotherapy for locally advanced rectal cancer: Which is superior? Sarah Popek and Vassiliki Liana Tsikitis. World J Gastroenterol 17(7):848-854. Published online 2011 February 21. doi:10.3748/wjg.v17.i7.848. Oncologic outcomes of primary and post-irradiated early stage rectal cancer: a retrospective cohort study. Du CZ, Chen YC, Cai Y, Xue WC, Gu J. World J Gastroenterol. 2011 Jul 21;17(27):3229-34. doi: 10.3748/wjg.v17.i27.3229. 3 - In the "prognosis section", ref 61 suggested that "an interval of more than 16 weeks between diagnosis and surgery may reduce overall survival of patients treated with preoperative RT for locally advanced rectal cancer. Surgery should be performed shortly after completion of RT for patients with no possibility of sphincter preservation, or a minimal risk of morbidity from an abdominoperineal excision". Could you please comment?

ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 5963

Title: The interval to surgery after neoadjuvant treatment for rectal cancer

Reviewer code: 00505583

Science editor: Gou, Su-Xin

Date sent for review: 2013-09-29 12:31

Date reviewed: 2013-10-17 04:38

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A (Excellent)	<input checked="" type="checkbox"/> Grade A: Priority Publishing	Google Search:	<input type="checkbox"/> Accept
<input checked="" 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 type="checkbox"/> Grade C (Good)	<input type="checkbox"/> Grade C: a great deal of	<input type="checkbox"/> No records	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D (Fair)	language polishing	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 TO AUTHORS

This is a good quality and timely review article addressing the optimal time interval between completion of chemoradiation and surgery for rectal cancer. Just some minor changes are required. ? Reference 1 is too out-dated. ? Reference 3 is not appropriate. ? In page 4, "pathologic tumor regression" should be (26% vs. 10.3%) not (10.3% vs. 26%). And the p value should be <0.05 not =0.05 for both factors.

ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 5963

Title: The interval to surgery after neoadjuvant treatment for rectal cancer

Reviewer code: 00048752

Science editor: Gou, Su-Xin

Date sent for review: 2013-09-29 12:31

Date reviewed: 2013-12-16 11:13

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 checked="" type="checkbox"/> Grade B (Very good)	<input checked="" type="checkbox"/> Grade B: minor language polishing	<input type="checkbox"/> Existed	<input checked="" type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C (Good)	<input type="checkbox"/> Grade C: a great deal of	<input type="checkbox"/> No records	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D (Fair)	language polishing	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 TO AUTHORS

This is an interesting review paper regarding an important matter on the interval between neoadjuvant treatment and surgery. ALthough similar reveiw has been published elsewhere, this paper is well organized and picked up most of the recent paper.