

ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 5982

Title: Pulmonary metastasectomy for colorectal cancer: how many nodules, how many times

Reviewer code: 00928913

Science editor: Cui, Xue-Mei

Date sent for review: 2013-09-30 15:55

Date reviewed: 2013-10-05 23:03

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 checked="" 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 checked="" type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

COMMENTS TO AUTHORS

Kim et al. made a review of lung metastasis (LM) in colorectal cancer (CRC) patients to evaluate the impact of surgical treatment of pulmonary metastases (PM) for CRCs, focusing on (1) current treatment guidelines and surgical technique of PM in patients with LM from CRC, (2) outcomes of PM and its prognostic factors, and (3) controversial issues in PM focusing on repeated metastasectomy, bilateral multiple metastases, and combined liver and lung metastasectomy. This article consisted of a comprehensive, full-scale review in the important issue of LM; however, there are some unclear points that need to be addressed and have several issues that the authors need to address before the manuscript is suitable for publication. Major Compulsory Revisions: 1. In the Introduction section: In LM, however, the role of chemotherapy has not been clearly defined yet. The above statement seems to be improper. For metastatic CRC, the role of systemic chemotherapy plus target therapy would be the first line treatment that is well established by several clinical trials. The similar misleading points was present in another one statement as follows: Since no effective chemotherapy for LM is available at present, the best way to improve treatment outcomes is to carry out PM more aggressively in patient who are most likely to benefit from PM. 2. In the Preoperative imaging tests paragraph: The role of FDG PET/CT in CRC patients with LM should be included and compared to the high-resolution CT scan for the detection of LM. Additionally, the following statement: However, the optimal follow-up duration for surveillance for pulmonary metastasis has yet to be definitely determined. According to NCCN guideline 2013 Ver. 3.0, for synchronous resectable liver and/or lung metastasis, chest CT scans every 3-6 mo x 2 y, then 6-12 mo up to a total of 5 y. 3. In the Perioperative chemotherapy paragraph: In contrast to liver metastasis, there is no evidence that adjuvant or neoadjuvant chemotherapy after PM could prolong survival of patients

with LM of CRC. However, according to NCCN guideline 2013 Ver. 3.0, for synchronous resectable liver and/or lung metastasis, six month perioperative treatment preferred and adjuvant chemotherapy is preferred by FOLFOX or CapeOX regimen. 4. In the Disease-free interval paragraph: Onaitis et al. reported that a DFI of less than 1 year was an independent predictor of recurrence. The above sentence should be corrected to Onaitis et al. reported that a DFI of less than 1 year was an independent predictor of recurrence after PM. 5. In the Distribution of metastasis paragraph: Riquet et al. reported that 5-year survival rates of patients undergoing complete bilateral metastasectomies tended to be even better than those observed in cases of complete unilateral metastasectomy (68% vs. 35.5%; $p = 0.09$)[66]. The above sentence should be corrected to "Riquet et al. reported that 5-year survival rates of patients undergoing complete bilateral metastasectomies tended to be comparable to those observed in cases of complete unilateral metastasectomy (68% vs. 35.5%; $p = 0.09$)[66]." as P value is more than 0.05. 6. The differences between synchronous and metachronous lung metastasis should be addressed in the manuscript. Minor Essential Revisions: 1. Some typos and grammar error should be improved by English-writing expert. 2. Some reference number is missing in the manuscript. For example, Onaitis et al. reported that a DFI of less than 1 year was an independent predictor of recurrence.

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Title: Pulmonary metastasectomy for colorectal cancer: how many nodules, how many times

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CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input checked="" 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 checked="" type="checkbox"/> High priority for publication
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<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 a review article that summarize the publications on surgical treatment of pulmonary metastases for colorectal cancer. This is a comprehensive review on a timely topic. Indeed, with a recent advance in systemic chemotherapy, the interest in local treatments is increasing. Overall the manuscript is well written, however, there are many grammatical and typing errors. Below are some I have picked up, but I do recommend to have this paper undergo English Editing prior to be considered for publication. Page 4, line 3 (first line of 2nd paragraph): Why PM should NOT be offered for a solitary, slowly growing etc etc LM? Is it a typing error to say PM should be offered? Page 5, 2nd paragraph line 3, NCCN as follow --> NCCN as the following? Page 16, 2nd paragraph line 2, have bee --> have been Page 16, 2nd paragraph line 3, may have --> may had