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Flat C, 23/F., Lucky Plaza,
315-321 Lockhart Road,
Wan Chai, Hong Kong, China

ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 6030

Title: Which strategy after first line therapy in advanced colorectal cancer? Second line options in advanced CRC.

Reviewer code: 00503612

Science editor: Ma, Ya-Juan

Date sent for review: 2013-10-10 18:03

Date reviewed: 2013-10-30 01:04

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 checked="" type="checkbox"/> Grade C: a great deal of language polishing	<input type="checkbox"/> No records	<input type="checkbox"/> Rejection
<input checked="" 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 TO AUTHORS

Thank you for the opportunity to review this work. Overall it is a nice review of the second line (adjuvant) therapy for colorectal cancer. A few comments/questions: 1. Although it is fairly well written, it could benefit greatly from someone review it for language and grammar. 2. Please clarify further on this need to have an entire strategy laid out from the beginning. The way this is written, I think I understand, but I am not so sure I agree. You need to have knowledge of the treatment options available, but you have no idea what is exactly going to take place and need to have the ability to react and change plans. Furthermore, you need to see how the patient responds to different regimens and what works and what does not affect disease progression. 3. Throughout the manuscript you have statements like this... "In second or further lines the influence of subsequent therapies is less pronounced so that an OS benefit is more likely to be demonstrated" IF the influence is LESS pronounced, why would an OS benefit be MORE likely to be demonstrated? 4. You frequently talk about dual therapy and its effect may be more pronounced than monotherapy--however you fail to mention the significant risk of increased complications and cost. 5. Speaking of cost, many of these secondary and tertiary drugs are extremely expensive and more maybe 1-3 months OS improvement. While statistically significant, the clinical and overall health cost benefit is extremely controversial and you fail to adequately address this.



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ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 6030

Title: Which strategy after first line therapy in advanced colorectal cancer? Second line options in advanced CRC.

Reviewer code: 00227592

Science editor: Ma, Ya-Juan

Date sent for review: 2013-10-10 18:03

Date reviewed: 2013-11-19 11:51

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 TO AUTHORS

It is a very interesting review summarizing second line therapies for patients with metastatic colorectal cancer. It needs extensive editing before it becomes acceptable for publishing in this journal.



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ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 6030

Title: Which strategy after first line therapy in advanced colorectal cancer? Second line options in advanced CRC.

Reviewer code: 00040631

Science editor: Ma, Ya-Juan

Date sent for review: 2013-10-10 18:03

Date reviewed: 2013-11-29 03:27

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

COMMENTS TO AUTHORS

This is an interesting and well written review on the medical treatment of metastatic colorectal cancer. There are some minor flaws Section: second line treatment Line 12 "Therefore" better than "So" Line 27 and the two following paragraphs: "toxicity" please give details, in brief, i.e. which complications, side effects and toxicity rate after sequential chemotherapy compared with combined one, to support the statement that the first is superior. The authors just mention 3-4 grade diarrhea. Are there other complications worth to be mentioned? Section: Anti-VEGF Line 23 "1445" pts in the BRiTE study Please check the no. of patients in the three groups, as the sum of 253, 531 and 642 is not 1445, but 1426. Maybe some pts were not considered, but it should be said and explained why. Section: Conclusions Line 19 "Therefore" better than "So". References Ref 23 please give just the initials of the first name of the authors, as in the other references

CLASSIFICATION Grade C
LANGUAGE EVALUATION Grade B
CONCLUSION Minor revision