

## ESPS Peer-review Report

**Name of Journal:** World Journal of Gastroenterology

**ESPS Manuscript NO:** 9205

**Title:** Abdominoperineal excision associated with adverse outcome in rectal cancer without circumferential resection margin involvement followed 30Gy/10f preoperative radiotherapy.

**Reviewer code:** 00044067

**Science editor:** Qi, Yuan

**Date sent for review:** 2014-01-26 08:45

**Date reviewed:** 2014-01-27 11:41

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 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

This study was designed to evaluate whether an abdominoperineal resection (APR) is associated with poor oncologic outcomes in mid-low rectal cancer. However, there are some pointes to be answered, mainly on inclusion criteria and analytic method. First, this study included mid-low rectal cancer with negative circumferential resection margin, although the oncologic outcomes of APR remain a controversial issue. In this study, just 6 cases of 102 mid rectal cancer underwent APR, and the only CRM (-) patients were included. We have no idea why mid rectal cancer was included, and why CRM (+) was excluded in this study. Second, this study was performed multivariate analysis for the LR rate, and showed the independent factor of APE procedure [Hazard ratio (HR): 5.960, 1.085-32.728, p=0.040] and tumor differentiation [Hazard ratio (HR): 6.787, 1.281-35.955, p=0.024] although there was just 6 cases of local recurrence. This multivariate analysis was not performed appropriate as well as in stratified analysis for lower rectal cancer. Therefore, consult to statistician about that.

## ESPS Peer-review Report

**Name of Journal:** World Journal of Gastroenterology

**ESPS Manuscript NO:** 9205

**Title:** Abdominoperineal excision associated with adverse outcome in rectal cancer without circumferential resection margin involvement followed 30Gy/10f preoperative radiotherapy.

**Reviewer code:** 00041968

**Science editor:** Qi, Yuan

**Date sent for review:** 2014-01-26 08:45

**Date reviewed:** 2014-01-27 21:46

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	<input type="checkbox"/> Existed	<input checked="" type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)		<input type="checkbox"/> No records	<input type="checkbox"/> Major revision

## COMMENTS TO AUTHORS

The manuscript need address the following points 1. Avoid using abbreviations that have not been elaborated, e.g. BMI, LVI 2. Statistical analysis needs clarification in Method. significant level should be 0.05, not 0.01. SPSS now is belong to IBM company and headquarter is New York. The version of 13 is not up to date. It should be version 21 or 22. Why is 3-year survival rate use ? Please elaborate why not use the 5-year survival 3. p8, Is the exclusion criteria should be distant metastases rather than just metastases (that involve both lymph node and distant) 4. Figures and Table should be put at end of manuscript. 5. English need a bit of editing for better understanding. for example 1- may replace with " patient survival/outcome" rather than " oncological outcome". 2 - tumour height should be replaced by " level of tumour" above anal verge 6. Elaboration should be given why the decision is made on gender, BMI and level of tumour.

## ESPS Peer-review Report

**Name of Journal:** World Journal of Gastroenterology

**ESPS Manuscript NO:** 9205

**Title:** Abdominoperineal excision associated with adverse outcome in rectal cancer without circumferential resection margin involvement followed 30Gy/10f preoperative radiotherapy.

**Reviewer code:** 00043413

**Science editor:** Qi, Yuan

**Date sent for review:** 2014-01-26 08:45

**Date reviewed:** 2014-01-28 11:09

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	<input type="checkbox"/> Existed	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)		<input type="checkbox"/> No records	<input type="checkbox"/> Major revision

## COMMENTS TO AUTHORS

This study was designed to evaluate whether abdominoperineal resection (APR) was associated with poorer prognosis for locally advanced rectal cancer treated with 30gy/10f neoadjuvant radiotherapy (nRT) and surgery with clear CRM. This was not my field. however, the writing was poor.

## ESPS Peer-review Report

**Name of Journal:** World Journal of Gastroenterology

**ESPS Manuscript NO:** 9205

**Title:** Abdominoperineal excision associated with adverse outcome in rectal cancer without circumferential resection margin involvement followed 30Gy/10f preoperative radiotherapy.

**Reviewer code:** 00058378

**Science editor:** Qi, Yuan

**Date sent for review:** 2014-01-26 08:45

**Date reviewed:** 2014-02-10 18:38

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	<input type="checkbox"/> Existed	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)		<input type="checkbox"/> No records	<input checked="" type="checkbox"/> Major revision

## COMMENTS TO AUTHORS

The present paper aimed to assess whether an abdominoperineal resection (APR) is associated with increased local recurrence (LR) rate and shortened disease-free survival (DFS) in mid-low rectal cancer with negative circumferential resection margin (CRM) following preoperative radiotherapy compared to patients without APR. The paper is well designed and clearly structured. The authors address a controversial topic. 1. It is not clear, how patients were selected for undergoing APE in your series. Can you give a clear explanation about your decision process. 2. Do you never offer long course radiotherapy in your hospital, although it offers the potential benefit of tumour downsizing and subsequently sphincter preserving surgery? 3. You state that only patients with T3/T4 were chosen for receiving radiotherapy, in Table 2 nearly 40% were staged as T1 or T2, could you please comment on that? In literature, the importance of radiotherapy is decreasing in rectal cancer surgery, especially when the CRM is not involved. 4. Can you provide data about the administration of adjuvant chemotherapy, how many patients were treated postoperatively? 5. The paper needs language editing!