

ESPS Peer-review Report
Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 8532

Title: Improving the outcomes in oncological colorectal surgery

Reviewer code: 00041058

Science editor: Su-Xin Gou

Date sent for review: 2013-12-30 14:24

Date reviewed: 2014-01-02 23:52

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 a review study on Improving the outcomes in oncological colorectal surgery Its publication seems important in a time of intense and controversial discussion about the oncological colorectal surgery cancer. However, there are some minor language mistakes that need clarification. The authors should add references from the important papers from Pramateftakis MG. et al.

ESPS Peer-review Report
Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 8532

Title: Improving the outcomes in oncological colorectal surgery

Reviewer code: 02549363

Science editor: Su-Xin Gou

Date sent for review: 2013-12-30 14:24

Date reviewed: 2014-02-11 04:55

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

COMMENTS TO AUTHORS

- Well written article. - However, exceptionally long and reader will find very difficult to keep interest to complete it. - A revised shorter & focused version would be better.

ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 8532

Title: Improving the outcomes in oncological colorectal surgery

Reviewer code: 00505590

Science editor: Su-Xin Gou

Date sent for review: 2013-12-30 14:24

Date reviewed: 2014-02-20 00:12

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 is a well-written and thorough review of oncologic bowel surgery. A few suggestions:

Introduction: Replace "decennia" with "decades" Surgical feasibility of laparoscopic colorectal surgery: "tot" is misspelled 4. Advances/stoma: "deviating" should be "diverting" 4. Advances/stoma: The sentence should read "Moreover, one in five patients with an initially temporary stoma ens with a permanent stoma." 4 Advances/drains: "insufficient anastomosis is expected." Why are we creating an insufficient anastomosis? If there is that much uncertainty, one should create a stoma. This does not seem to be a good reason for a drain placement. 5. Advances in postoperative care: detection of anastomotic leak: The authors should emphasize the importance of low index of suspicion and physical exam. The discussion of cytokines etc is interesting, but in the absence of any other indicators, physical exam (tachycardia and peritoneal signs) is by far the most important in early detection. The conclusion should be as follows: "During the last several decades, colorectal cancer surgery has experienced major perioperative improvements. Preoperative risk assessment of nutrition, frailty, and sarcopenia followed by interventions for patient optimization or an adapted surgical strategy contributed to improved postoperative outcomes. Enhanced recovery programs or fast-track surgery also resulted in reduced length of hospital stay and overall complications without affecting patient safety. After an initially indecisive start due to uncertainty about oncological safety, the most significant improvement in intraoperative care was the introduction of laparoscopy. Laparoscopic surgery for colon and rectal cancer is associated with better short-term outcomes, whereas long-term outcomes regarding survival and recurrence rates are comparable. Nevertheless, long-term results of laparoscopy in rectal surgery



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remain to be seen. Early recognition of anastomotic leakage remains a challenge, though multiple improvements have allowed better management of this complication."