BAISHIDENG PUBLISHING GROUP INC
8226 Regency Drive, Pleasanton, CA 94588, United States
Telephone: +1-925-223-8242 Fax: +1-925-223-8243
E-mail: bpgoffice@wjgnet.com http://www.wjgnet.com

ESPS Peer-review Report
Name of Journal: World Journal of Gastroenterology
ESPS Manuscript NO: 7730
Title: Laparoscopic Complete Mesocolic Excision - West meets East
Reviewer code: 02465209
Science editor: Huan-Huan Zhai
Date sent for review: 2013-11-30 23:32
Date reviewed: 2013-12-12 06:23

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
[ ] Grade A (Excellent)	[Y] Grade A: Priority Publishing	Google Search:	[Y] Accept
[Y] Grade B (Very good)	[ ] Grade B: minor language polishing	[ ] Existed	[ ] High priority for publication
[ ] Grade C (Good)	[ ] Grade C: a great deal of language polishing	[ ] No records	[ ]Rejection
[ ] Grade D (Fair)	[ ] Grade D: rejected	BPG Search:	[ ] Minor revision
[ ] Grade E (Poor)		[ ] Existed	[ ] Major revision
		[ ] No records	

COMMENTS TO AUTHORS
Good article. I have no comments.

BAISHIDENG PUBLISHING GROUP INC
8226 Regency Drive, Pleasanton, CA 94588, United States
Telephone: +1-925-223-8242 Fax: +1-925-223-8243
E-mail: bpgoffice@wjgnet.com http://www.wjgnet.com

ESPS Peer-review Report
Name of Journal: World Journal of Gastroenterology
ESPS Manuscript NO: 7730
Title: Laparoscopic Complete Mesocolic Excision - West meets East
Reviewer code: 02552669
Science editor: Huan-Huan Zhai
Date sent for review: 2013-11-30 23:32
Date reviewed: 2013-12-21 15:53

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
[ ] Grade A (Excellent)	[ ] Grade A: Priority Publishing	Google Search:	[ ] Accept
[ ] Grade B (Very good)	[Y] Grade B: minor language polishing	[ ] Existed	[ ] High priority for publication
[ ] Grade C (Good)	[ ] Grade C: a great deal of language polishing	[ ] No records	[ ]Rejection
[Y] Grade D (Fair)	[ ] Grade D: rejected	BPG Search:	[ ] Minor revision
[ ] Grade E (Poor)		[ ] Existed	[Y] Major revision
		[ ] No records	

COMMENTS TO AUTHORS

General comment: This paper addressed an interesting and important topic of the difference in the colonic surgical concept between the west and east. However, the paper is very weak to back up the authors' policy. The aim of the paper seems to insist that CME should be performed in western countries rather than the standard surgery and western surgeons should be re-educated. If so, they should focus on what they want to say and the oncologic superiority of the CME should be demonstrated by using more data from un-biased publications. Specific comments: 1. Classification of lymph node in the reference 8 and 9 is based on the Japanese guideline (Japanese Society for Cancer of the Colon and Rectum (JSCCR) guidelines 2010 for the treatment of colorectal cancer; Japanese Society for Cancer of the Colon and Rectum. Int J Clin Oncol. 2012;17:1-29). Moreover, western surgeons may not be familiar with the definition of the D3 lymphadenectomy. The authors should cite this article and present the definition of D3 lymphadenectomy, because it is the central issue of this paper. 2. D3 lymphadenectomy does not aim to simply retrieve many lymph nodes but all the lymph nodes located in the defined area. Quality assessment of surgery by the number of retrieved lymph nodes would not precisely accord to the concept of D3 lymphadenectomy. 3. The authors considered the distances from high tie to tumour and high tie to nearest bowel wall as quality indicators. These parameters are not widely accepted. 4. When presenting outcomes in previous papers, concrete figures should be described. 5. More data with respect to the local recurrence and survival should be described. 6. There is an important misunderstanding about pelvic nerve dysfunction after CME. If the dissection is performed in the embryological plane, nerve sparing surgery to preserve sexual and voiding function can be achieved while maintaining the oncologic

adequacy even with the D3 lymphadenectomy. Although patients may have a higher risk of pelvic nerve dysfunction after CME for the resection of rectosigmoid, sexual or voiding dysfunction is no longer accepted now and this risk should be minimized. If the authors talk about this complication in 'Discussion' section, they should show more data in 'Why not perform a CME?' section by citing more publications. 7. Technical descriptions in the 3rd paragraph of Discussion should be moved to elsewhere than Discussion together with the figures.

BAISHIDENG PUBLISHING GROUP INC
8226 Regency Drive, Pleasanton, CA 94588, United States
Telephone: +1-925-223-8242 Fax: +1-925-223-8243
E-mail: bpgoffice@wjgnet.com http://www.wjgnet.com

ESPS Peer-review Report
Name of Journal: World Journal of Gastroenterology
ESPS Manuscript NO: 7730
Title: Laparoscopic Complete Mesocolic Excision - West meets East
Reviewer code: 02673256
Science editor: Huan-Huan Zhai
Date sent for review: 2013-11-30 23:32
Date reviewed: 2013-12-24 11:02

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
[ ] Grade A (Excellent)	[ ] Grade A: Priority Publishing	Google Search:	[ ] Accept
[ ] Grade B (Very good)	[Y] Grade B: minor language polishing	[ ] Existed	[ ] High priority for publication
[Y] Grade C (Good)	[ ] Grade C: a great deal of language polishing	[ ] No records	[ ]Rejection
[ ] Grade D (Fair)	[ ] Grade D: rejected	BPG Search:	[ ] Minor revision
[ ] Grade E (Poor)		[ ] Existed	[Y] Major revision
		[ ] No records	

COMMENTS TO AUTHORS

This was a nicely written review contrasting a concept between the East and the West. I believe that D3 lymphadenectomy might not be often technically feasible in Western patients because of the higher BMI and different body habitus. Nevertheless, the bottom line is lymphadenectomy should be done as radically as possible without causing significant morbidity. Suggestions: 1. The authors might consider discussing further on the side-effects of extensive para-aortic and pelvic lymph node dissection in male and female patients. 2. Some references need to be cited to support the latter parts of the discussion (i.e. on teaching perspective and training)