

ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 5612

Title: Perioperative anemia management in colorectal cancer patients: a pragmatic approach

Reviewer code: 00503612

Science editor: Zhai, Huan-Huan

Date sent for review: 2013-09-17 18:09

Date reviewed: 2013-09-27 19:31

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

COMMENTS TO AUTHORS

Thank you for allowing me to review this invited manuscript on CRC and anemia. The authors are obviously knowledgeable on the topic and comes through in the manuscript. A few comments/questions: 1. There are multiple grammatical errors throughout the text (misspellings, lack of punctuation, errant spaces) that need to be taken care of. 2. Your abstract states that anemia is present in the "majority" of CRC patients, and your text quote 75% and the raw data is 25%. Please clarify. 3. Certain things are not as readily knowledgeable to the readers (such as hepcidin). As a review article it would be helpful to explain the ones that you recite that play a major role and are clinically important. 4. One of the messages that needs to be better delineated is how often (especially in light of how often anemia occurs in CRC) does an extended work-up need to be performed and to what extent. What are the red flags? What is a mandatory minimal work-up? When can nothing be done at all? 5. The negative effects of ABT are appropriately documented. You also state essentially that ABT should be reserved for anemia and hemodynamic instability. However, this is not necessarily the case. Sepsis can cause HI and this has nothing to do with anemia. You also do not delineate what degree of anemia (in and of itself) would be acceptable. Would a hgb of 15, or 10? 6. I enjoyed the pragmatic approach—well put and useful.

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Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 5612

Title: Perioperative anemia management in colorectal cancer patients: a pragmatic approach

Reviewer code: 02445522

Science editor: Zhai, Huan-Huan

Date sent for review: 2013-09-17 18:09

Date reviewed: 2013-12-01 02:23

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A (Excellent)	<input type="checkbox"/> Grade A: Priority Publishing	Google Search:	<input checked="" 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 type="checkbox"/> Major revision

COMMENTS TO AUTHORS

It seems excessive to wait four weeks before you operate on a patient with CRC, only to do any therapy to reduce transfusions.