

ESPS PEER REVIEW REPORT

Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 11147

Title: Impression of Prognosis regarding Pathologic Stage after Preoperative Chemoradiotherapy in Rectal Cancer

Reviewer code: 00000774

Science editor: Ya-Juan Ma

Date sent for review: 2014-05-07 17:54

Date reviewed: 2014-05-26 17:27

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"/> Existing	<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 checked="" type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	BPG Search:	<input type="checkbox"/> Minor revision
<input checked="" type="checkbox"/> Grade E: Poor		<input type="checkbox"/> Existing	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

COMMENTS TO AUTHORS

This is a retrospective study investigating the prognosis of rectal cancer patients who underwent PCRT. Authors indicated that pathologic stage could predict prognosis in PCRT patients. However, the issue has already been reported by many previous papers, and the presentation of the results was not adequate for the purpose of the study. 1) For the main purpose of this study, the comparison between subjects with and without PCRT is not necessary. The Table 1, which shows the comparison, confuses and misleads readers. Figures are also confusing, because Kaplan-Meier curves shows the comparison too. Authors intended to show that pathological stage could be used in PCRT subjects. So, they should describe a Kaplan-Meier curve of each pathologic stage of PCRT subjects alone in one graph. In this paper, the reference to non-PCRT subjects is not only unnecessary but only a hamper. 2) I cannot see the sentences in the text referring to the Table 2.



ESPS PEER REVIEW REPORT

Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 11147

Title: Impression of Prognosis regarding Pathologic Stage after Preoperative Chemoradiotherapy in Rectal Cancer

Reviewer code: 00042065

Science editor: Ya-Juan Ma

Date sent for review: 2014-05-07 17:54

Date reviewed: 2014-06-04 07:26

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input checked="" type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
<input checked="" type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> Existing	<input checked="" 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	BPG Search:	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input type="checkbox"/> Existing	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

COMMENTS TO AUTHORS

This is a retrospective study to ascertain whether pathologic stage can be used as a prognostic indicator for cancer patients receiving preoperative chemoradiotherapy, using recurrence free survival as the primary end point. The authors have minimized potential confounders factors by multivariate regression. This study provides evidence that the pathological staging is a good prognostic indicator for cancer patients receiving preoperative chemoradiotherapy to predict survival. I suggest acceptance of the study for publication after minor revision. It is better if the authors can provide criteria of how they selection patients for preoperative chemoradiotherapy for clinical stage II or III disease.

ESPS PEER REVIEW REPORT

Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 11147

Title: Impression of Prognosis regarding Pathologic Stage after Preoperative Chemoradiotherapy in Rectal Cancer

Reviewer code: 00504445

Science editor: Ya-Juan Ma

Date sent for review: 2014-05-07 17:54

Date reviewed: 2014-06-04 19:00

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"/> Existing	<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 type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input type="checkbox"/> Existing	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

COMMENTS TO AUTHORS

In the present study of Park et al., the authors presented Impression of Prognosis regarding Pathologic Stage after Preoperative Chemoradiotherapy in Rectal Cancer. The paper is well written and the themes of this review are unique. I think this paper has some major problems. 1. Authors performed a unique perioperative chemotherapy. Please show the evidence about this therapy. 2: How did physicians decide PCRT group or no-PCRT group? Please describe the criteria for the decision. 3. The response rate of PCRT should be written. 4. Various regimens of PCRT should be discussed compared to the regimen used in this study. 5. Authors performed a unique adjuvant therapy. Please show the evidence about this therapy. I think the length of the adjuvant therapy was short. 6. The frequency of oxaliplatin for adjuvant chemotherapy should be written especially in the patients with stage III. Because it is related with the patients' overall survival. 7. There are no description about side effects. Please show these data about PCRT and adjuvant therapy.