



**ESPS PEER-REVIEW REPORT**

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

**ESPS manuscript NO:** 20193

**Title:** ADJUVANT CHEMOTHERAPY FOR RESECTED COLORECTAL CANCER METASTASES: LITERATURE REVISION AND META-ANALYSIS

**Reviewer’s code:** 02860622

**Reviewer’s country:** Algeria

**Science editor:** Ya-Juan Ma

**Date sent for review:** 2015-06-03 16:37

**Date reviewed:** 2015-08-30 06:11

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	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"/> The same title	<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"/> Duplicate publication	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input type="checkbox"/> Plagiarism	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input type="checkbox"/> No	<input type="checkbox"/> Major revision
		BPG Search:	
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input type="checkbox"/> No	

**COMMENTS TO AUTHORS**

Very nice manuscript, simple, easy and enjoyable to read. It

accurately report qualitative LITERATURE REVISION AND

meta-analysis of ADJUVANT CHEMOTHERAPY FOR RESECTED COLORECTAL CANCER METASTASES.

Prognosis of metastatic colorectal cancer has dramatically improved, through a better understanding of therapeutic goals and the development of news drugs.

The character resectable or not resectable liver metastasis of colorectal cancer at baseline determine the systemic chemotherapy which will be conducted.

In patients with resectable liver metastases, FOLFOX (5-fluorouracil [5-FU] + oxaliplatin) improve disease-free survival at 5 years compared to a surgery immediately, it remains the reference treatment.

Management of patients with potentially resectable liver metastases, the addition of a biological



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8226 Regency Drive, Pleasanton, CA 94588, USA

Telephone: +1-925-223-8242

Fax: +1-925-223-8243

E-mail: [bpgoffice@wjgnet.com](mailto:bpgoffice@wjgnet.com)

<http://www.wjgnet.com>

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therapy (anti-EGFR or anti-angiogenic) currently allows better objective response.

The selection non mutated oncogene RAS patients treated with anti-EGFR + doublet regimen further improves the objective response rate.

The bibliography is rich and of quality.

The language of the manuscript reach the standard of publishing.



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**Title:** ADJUVANT CHEMOTHERAPY FOR RESECTED COLORECTAL CANCER METASTASES: LITERATURE REVISION AND META-ANALYSIS

**Reviewer's code:** 00070934

**Reviewer's country:** South Korea

**Science editor:** Ya-Juan Ma

**Date sent for review:** 2015-06-03 16:37

**Date reviewed:** 2015-09-09 13:53

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> [ Y] Accept
<input checked="" type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<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"/> Duplicate publication	<input type="checkbox"/> [ ] Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input checked="" type="checkbox"/> Plagiarism	<input type="checkbox"/> [ ] Minor revision
<input type="checkbox"/> Grade E: Poor		<input checked="" type="checkbox"/> No	<input type="checkbox"/> [ ] Major revision
		BPG Search:	
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

### COMMENTS TO AUTHORS

I think authors of this manuscript would emphasize the importance of systemic chemotherapy and regional chemotherapy with the hepatic arterial infusion in the management of patients after resection of metastases from CRC. Authors showed that HAI with systemic chemotherapy was superior to systemic chemotherapy only in OS, DFS, and PFS. But, authors gave up the notice of HAI superiority because OS was not significantly difference in only reference 96.



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ESPS manuscript NO: 20193
Title: ADJUVANT CHEMOTHERAPY FOR RESECTED COLORECTAL CANCER METASTASES: LITERATURE REVISION AND META-ANALYSIS
Reviewer's code: 00070758
Reviewer's country: Bulgaria
Science editor: Ya-Juan Ma
Date sent for review: 2015-06-03 16:37
Date reviewed: 2015-08-22 20:47

Table with 4 columns: CLASSIFICATION, LANGUAGE EVALUATION, SCIENTIFIC MISCONDUCT, CONCLUSION. It contains checkboxes for various quality grades and misconduct types like Google Search, Duplicate publication, and Plagiarism.

COMMENTS TO AUTHORS

Comments to the Author The paper by Brandi G et al., named "Adjuvant chemotherapy after colorectal cancer metastasectomy" is a review paper, aiming to present the current knowledge on the role of systemic chemotherapy and regional chemotherapy with the hepatic arterial infusion in the management of patients after resection of metastases from CRC. It's a nice and interesting paper. I strongly believe that a large auditorium of oncologists would be interested by this review. My only comment is concerning the tables and references. Please, organize the table contents by dates and include some authors from the last year. There is the same problem with references. Instead of: The International Agency for Research on Cancer (IARC). "Colorectal Cancer Incidence,, Mortality and Prevalence Worldwide in 2012. GLOBOCAN 2012". [Online]. Available: http://www-dep.iarc.fr. The authors could use some most recent data as: Siegel RL, Miller KD, Jemal A. Cancer statistics, 2015. CA Cancer J Clin. 2015 Jan-Feb;65(1):5-29 [PMID:25559415 doi: 10.3322/caac.21254] Following minor revisions and resubmission, this article is potentially suitable for publication.



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**Title:** ADJUVANT CHEMOTHERAPY FOR RESECTED COLORECTAL CANCER METASTASES: LITERATURE REVISION AND META-ANALYSIS  
**Reviewer’s code:** 00182114  
**Reviewer’s country:** Japan  
**Science editor:** Ya-Juan Ma  
**Date sent for review:** 2015-06-03 16:37  
**Date reviewed:** 2015-08-24 11:27

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input checked="" 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"/> The same title	<input type="checkbox"/> High priority for publication
<input checked="" type="checkbox"/> Grade C: Good		<input type="checkbox"/> Duplicate publication	
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Plagiarism	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade E: Poor	<input type="checkbox"/> Grade D: Rejected	<input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Minor revision
		BPG Search:	<input type="checkbox"/> Major revision
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

**COMMENTS TO AUTHORS**

Dear author This is very interesting review about the management of colorectal cancer liver metastasis. 1. Several reports have presented conflicting results regarding the association between resection margins and the outcome after surgery for colorectal liver metastasis. J H Angelsen et al reported resection margin below 5mm increased the risk for local recurrence and shortened the time to recurrence.(World Journal of surgical oncology 2014) Pawlik reported there was no difference in five year overall survival rate or in the rate of tumor recurrence in the liver whether the tumor free margin was 1 to 4,5 to 9, or>10mm. only patients with a positive margin had worse survival.(Ann Surg 2005). In page 6,you say “negative surgical margins remain an important determinant osurvival of patients undergoing hepatectomy”. I ask you .Please tell me the suitable negative surgical margin,1 to 4, 5 to 9,or >10mm. 2. In page 6, the impact of the pre-operative chemotherapy on the long term outcome of radically resected metastatic CRC patients is still undefined. But chemotherapy prior to hepatic resection has been tempered by reports of steatosis, vascular injury and idiopathic noncirrhotic portal hypertension. Please tell me the comment of side effect of preoperative



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chemotherapy . 3. Now portal vein embolization and associating liver partition with portal vein ligation for staged hepatectomy (ALPPS) are sometimes used in otherwise suitable candidates in whom the predicted liver remnant is too small. Please write portal embolization and ALPPS in this review. 4. Radiofrequency ablation (RFA) or cryosurgery is sometimes applied following macroscopically incomplete resection of CRC liver metastasis. Please write RFA and cryosurgery in this review.