

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 29212

Title: "En bloc" caudate lobe and inferior vena cava resection following Cytoreductive Surgery and HIPEC for peritoneal and liver metastasis of colorectal cancer.

Reviewer's code: 02569056

Reviewer's country: United States

Science editor: Yuan Qi

Date sent for review: 2016-08-02 20:44

Date reviewed: 2016-08-05 02:29

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input checked="" type="checkbox"/> Grade A: Priority publishing	Google Search:	<input checked="" type="checkbox"/> Accept
<input checked="" 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 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

The authors present an interesting report of a combined caudate lobe/vena cava resection for recurrent colon cancer in a young woman after prior cytoreductive surgery and HIPEC. I have a few minor queries for the authors: 1. In the case description they refer to MRT follow up, I suspect this should be MRI. 2. The authors repeatedly state that there are no protocols for recurrent cancer after cytoreductive surgery and HIPEC. There have been several manuscripts discussing repeat HIPEC procedures, and suggesting protocols. This should be revised. 3. Tables 1 and 2 are redundant and should be combined.

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ESPS manuscript NO: 29212

Title: "En bloc" caudate lobe and inferior vena cava resection following Cytoreductive Surgery and HIPEC for peritoneal and liver metastasis of colorectal cancer.

Reviewer's code: 03003312

Reviewer's country: Netherlands

Science editor: Yuan Qi

Date sent for review: 2016-08-02 20:44

Date reviewed: 2016-08-05 17:23

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 checked="" 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"/> 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 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

Dear authors, I would like to congratulate the authors for their successful treatment of a patient with recurrent disease after an extended cytoreductive surgery and HIPEC procedure. A 40+ months survival should be seen as quite an achievement. The case report is about a young patient with already poor prognostic factors such as T4 cancer at presentation, an emergency setting, a poorly differentiated tumor and a poor response to chemotherapy. I think it is important to publish such cases since evidence of even synchronous liver metastasis in PC patient is scarce. Moreover, interesting additional figures were added. However, I have some textual suggestions to improve the manuscript prior to publishing. 1. Throughout the manuscript the liver procedure is categorized as "repeat cytoreductive surgery" which would imply peritoneal metastases/peritoneal surfaces were treated. However, it concerns a metastasis in the liver, I'd suggest using metastasectomy or another alternative instead. 2. The survival numbers in the abstract section are different compared to the main text 3. in the introduction it is stated that 80% of patients have recurrent disease, it should be mentioned that this is after HIPEC, a suggestion would be to add a



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more recent reference (any of the available reviews for example), the same goes for the first sentence in the discussion 4. Was it considered to give adjuvant chemotherapy after the HIPEC procedure using another regiment (Biologicals?) 5. Could you discuss briefly that this kind of patient might be a candidate for adjuvant HIPEC after the first procedure since so many prognostic factors were not in her favor. Again, congratulations on your successful treatment

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Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 29212

Title: "En bloc" caudate lobe and inferior vena cava resection following Cytoreductive Surgery and HIPEC for peritoneal and liver metastasis of colorectal cancer.

Reviewer's code: 03598924

Reviewer's country: Greece

Science editor: Yuan Qi

Date sent for review: 2016-08-02 20:44

Date reviewed: 2016-08-03 15:08

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input checked="" type="checkbox"/> Grade A: Excellent	<input checked="" type="checkbox"/> Grade A: Priority publishing	Google Search:	<input checked="" 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 checked="" type="checkbox"/> No	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		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

I want to congratulate the authors for the preparation of the manuscript. Complete resection of liver metastases in segment I with partial resection and grafting of the inferior vena cava after extensive CRS+HIPEC is a great challenge. This treatment strategy currently remains the only chance for long-term survival of these patients.

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Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 29212

Title: "En bloc" caudate lobe and inferior vena cava resection following Cytoreductive Surgery and HIPEC for peritoneal and liver metastasis of colorectal cancer.

Reviewer's code: 02544677

Reviewer's country: Czech Republic

Science editor: Yuan Qi

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<input checked="" 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
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COMMENTS TO AUTHORS

Author's present case report of colorectal tumor in young woman treated with staged surgery. Firstly colon resection after chemotherapy peritoneal recurrence occurred. It was treated with CRC + HIPEC without additional chemotherapy. Liver metastasis was found during follow up and liver resection was performed. The report is good example of patient tailored treatment in cases where guidelines are missing or suggest only palliative or best supportive care. I suggest accepting for publication I do not assess language because I am not native speaker.