



## PEER-REVIEW REPORT

**Name of journal:** World Journal of Gastrointestinal Surgery

**Manuscript NO:** 68512

**Title:** Mucinous adenocarcinoma: a unique clinicopathological subtype in colorectal cancer

**Reviewer's code:** 05999238

**Position:** Peer Reviewer

**Academic degree:** MD

**Professional title:** Doctor

**Reviewer's Country/Territory:** Spain

**Author's Country/Territory:** China

**Manuscript submission date:** 2021-05-29

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2021-05-30 10:21

**Reviewer performed review:** 2021-06-08 20:46

**Review time:** 9 Days and 10 Hours

<b>Scientific quality</b>	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
<b>Language quality</b>	<input checked="" type="checkbox"/> Grade A: Priority publishing <input type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
<b>Conclusion</b>	<input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input checked="" type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
<b>Re-review</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Peer-reviewer statements</b>	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No



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## **SPECIFIC COMMENTS TO AUTHORS**

Dear authors, I've read your article entitled "Mucinous adenocarcinoma: a unique clinicopathological subtype in colorectal cancer" with great interest. The manuscript is very well written, well presented, and fluent to read and the covered topic is of interest. However, I would like to suggest some minor comments: 1.- Treatments section: currently there are a well-known biomarkers that will guide treatment choice such as BRAF, MSI, HER2, NTRK...this fact should be mentioned (treatment choice is not only based on TNM stage). 2.- HIPEC section: in this section authors should clarify that this kind of surgery + HIPEC should be made after a carefully patient-by-patient decision (ECOG, previous lines, BRAF status should be considered). Moreover, the most well-design clinical trial, the PRODIGE-7 trial is a negative trial. 3.- Targeted therapy: when the Wendy et al trial is mentioned, authors should highlight that currently there are strong recommendations that support the negative predictive value of RAS mutations and antiEGFR treatments. 4.- Immunotherapy section: it's important to remark that pembrolizumab approval was "...the first drug that did not consider tumor types..." based only in overall response rates (ORR). Moreover, will be of interested to mention that in the keynote-177, a subgroup analysis show that KRAS mutated tumors didn't achieve clinical benefit. 5.- Prognosis section: stage II, MSI-h tumors have a good prognostic. However, in the metastatic scenario MSI-h tumors have worse prognostic compared with MSS