

PEER-REVIEW REPORT

Name of journal: World Journal of Gastrointestinal Surgery

Manuscript NO: 65864

Title: Three colonic cancers, two sites of complete occlusion, one patient: A case report, review and management discussion.

Reviewer's code: 04730209

Position: Peer Reviewer

Academic degree: MD

Professional title: Doctor

Reviewer's Country/Territory: South Korea

Author's Country/Territory: Canada

Manuscript submission date: 2021-03-17

Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-03-19 07:39

Reviewer performed review: 2021-03-28 04:54

Review time: 8 Days and 21 Hours

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 Grade E: Do not publish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



**Baishideng
Publishing
Group**

7041 Koll Center Parkway, Suite
160, Pleasanton, CA 94566, USA
Telephone: +1-925-399-1568
E-mail: bpgooffice@wjgnet.com
<https://www.wjgnet.com>

SPECIFIC COMMENTS TO AUTHORS

The authors reported a rare case of three colon cancers, giving clinical clues for physicians. 1. Did a patient have any high risk features for synchronous colon cancer including FAP, HNPCC, or IBDs, although some of them could be ruled out by colonoscopy. 2. Aren't there any problems during bowel preparation before the colonoscopy? Although the authors did not find cecal obstruction at the emergent situation, symptoms of bowel obstruction might occur during bowel preparation. 3. Did the patient receive adjuvant chemotherapy? T4 lesion with obstruction and lymph node metastasis needs chemotherapy to achieve better prognosis. 4. What modalities did the authors use to find causes of gradual CEA elevation? PET-CT, whole body bone scan, chest CT, or brain CT could be helpful. Miscellaneous: Ref. 16: "Ann Coloproctol" instead of "Ann Proctocol".

PEER-REVIEW REPORT

Name of journal: World Journal of Gastrointestinal Surgery

Manuscript NO: 65864

Title: Three colonic cancers, two sites of complete occlusion, one patient: A case report, review and management discussion.

Reviewer's code: 00041966

Position: Editorial Board

Academic degree: FASCRS, MD

Professional title: Doctor, Surgeon, Surgical Oncologist

Reviewer's Country/Territory: Italy

Author's Country/Territory: Canada

Manuscript submission date: 2021-03-17

Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-03-17 12:55

Reviewer performed review: 2021-03-28 16:24

Review time: 11 Days and 3 Hours

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input checked="" type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Language quality	<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
Conclusion	<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
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Peer-reviewer statements	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

The case is interesting and underlines the importance to obtain a thorough colonic evaluation before performing surgery for colon cancer, even in the emergency situations. The description of the case is complete, I would only specify through which incision was the loop colostomy performed. Two additional points should be added in the Discussion

- 1- The choice to perform an ileo-sigmoid anastomosis rather than an ileo-rectal anastomosis in a patient with a sigmoid colon cancer
- 2- The option to perform an intraoperative colonoscopy at the time of stoma creation