

## PEER-REVIEW REPORT

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

**Manuscript NO:** 81795

**Title:** Efficacy and safety of preoperative PD-1 blockade immunotherapy in patients with dMMR/MSI-h gastrointestinal malignancies

**Provenance and peer review:** Unsolicited Manuscript; Externally peer reviewed

**Peer-review model:** Single blind

**Reviewer's code:** 00504581

**Position:** Editorial Board

**Academic degree:** MD, PhD

**Professional title:** Associate Chief Physician, Associate Specialist, Attending Doctor, Doctor, Medical Assistant, Staff Physician

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

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

**Manuscript submission date:** 2022-11-29

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2022-12-06 11:17

**Reviewer performed review:** 2022-12-10 20:39

**Review time:** 4 Days and 9 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 Grade E: Do not publish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 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 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</b>	Peer-Review: [ <input checked="" type="checkbox"/> ] Anonymous [ <input type="checkbox"/> ] Onymous
<b>statements</b>	Conflicts-of-Interest: [ <input type="checkbox"/> ] Yes [ <input checked="" type="checkbox"/> ] No

## SPECIFIC COMMENTS TO AUTHORS

However, there are some data the authors should include to improve the understanding of this article. Please explain the differences between pCR and cCR in a more detailed way. Material and methods, Treatment and evaluation All patients received PD1 blockade (PD1 blockade 200 mg intravenously). Please add the name of the PD1 blockade drug used. What was the schedule of administration of PDF 1 blockade? "Six patients received 2-10 cycles of adjuvant mono-immunotherapy after reaching cCR" Which were the criteria for repeating the cycles of adjuvant mono immunotherapy? it has not been explained either in material and methods or in the results Results TABLE 2, What means: rectectomy?, perhaps "proctectomy or Low anterior resection." What does CLM stand for? What does ICB stand for? "cCR was achieved in 7/36 cases, among which six were selected for wait and watch strategy,..." Which one were these patients: 3 duodenum tumors, three low rectum, and 1 CLM "metastatic" ? This paragraph is a little challenging to understand." All three patients with locally advanced gastric cancer achieved pathological CR (pCR). All three patients with locally advanced duodenal carcinoma achieved cCR and then watch and wait (Video 1).....CR was achieved in four of five patients with low rectal cancer, including three with cCR and one with pCR. The CR (cCR and pCR) rate was 58.3%(21/36)". It would be possible to add some information to table II with a new item, such as locally advanced colon cancer. "Six patients received 2-10 cycles of adjuvant mono-immunotherapy after reaching cCR" , Therefore, could you explain the criteria used for the cycles of adjuvant mono-immunotherapy? What was the schedule of administration of PDF 1? you did not



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explain in material and methods or results.” Is there any explanation to comment on why 16 patients with CCR dMMR/MSI-H did not have any response (primary drug resistance?) Please add some thoughts about the surgical complications such as perforation, obstruction, or enlargement of lymph nodes without metastatic connotations, perhaps as an inflammatory or necrosis process related to the immune response.

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**Peer-review model:** Single blind

**Reviewer's code:** 06471575

**Position:** Peer Reviewer

**Academic degree:** MD

**Professional title:** Doctor

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

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

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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
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Re-review	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No



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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

#### **SPECIFIC COMMENTS TO AUTHORS**

This manuscript Is not adapt to publication due to some major systematic errors and need a more stronger statistical analysis.

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**Peer-review model:** Single blind

**Reviewer's code:** 00058381

**Position:** Editorial Board

**Academic degree:** MD

**Professional title:** Professor

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

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

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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
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Re-review	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

<b>Peer-reviewer statements</b>	Peer-Review: [ <input checked="" type="radio"/> ] Anonymous [ <input type="radio"/> ] Onymous
	Conflicts-of-Interest: [ <input type="radio"/> ] Yes [ <input checked="" type="radio"/> ] No

## SPECIFIC COMMENTS TO AUTHORS

**Main Comments:** This manuscript deals with preoperative PD-1 blockade immunotherapy in patients with dMMR/MSI-H gastrointestinal malignancies. The presented evaluation has the drawbacks of a retrospective study design. More details of the study protocol are required (name of the drug(s)?, consistent treatment regimen(s)?, control group?). Shortcomings also include heterogeneity, small sample size and short follow-up periods. **Additional Comments/Suggestions:** "dMMR/MSI-h" and "dMMR/MSI-H" – please be consistent (throughout the whole manuscript). Page 3, last paragraph: "pembrolizumab (programmed death protein (PD)1 blockade]" -> pembrolizumab [programmed death protein (PD)1 blockade]. Page 4, first paragraph: "complete response (CR)" -> complete response (CR). Table 3: "Surgery-realted" -> Surgery-related. Page 10, last paragraph: "did not required surgery" -> did not require surgery. The reference list needs revision; parts of it are not consistent with the guidelines of the journal, references 1 and 8 are identical, etc.