



ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastrointestinal Surgery

ESPS manuscript NO: 19647

Title: Response to chemoradiotherapy and lymph node involvement in locally advanced rectal cancer

Reviewer's code: 02506941

Reviewer's country: Romania

Science editor: Xue-Mei Gong

Date sent for review: 2015-05-20 10:35

Date reviewed: 2015-05-23 18:59

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 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"/> No	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		BPG Search:	<input checked="" 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

The paper systematically reviews a number of 130 CRC patients treated in pre-operative phase with a neoadjuvant chemo-radithery. The paper is sound in what concern the conception, exposurea of methodology aand of results. However, some I consider that you should do some ammendments to the paper, prior to editing. The most important is the title, which does not reflect the content entirely. As you explained in the manuscript, all patients received CRT, and there is no reference of a group receiving only CT, so, I thing that the title must refer to radou and chemotherapy, and not only to RT. As I read now, what "makes the difference" is the application of RT, and in fact, we can interpret that "CRT" does, or does not ("responders" vs. "nonresponders") make the difference. Besides that, only very minor changes are necessary, which ar obvious due to some type errors: To replace: "in 19 cases (14.6%), and another 18 (13.8%) had only very few residual" "in 19 cases (14.6%), and other 18 (13.8%) had only very few residual" "the University Central Hospital of Asturias in a 5 year period were" with: "the University Central Hospital of Asturias over a 5 year period were" Please, make some minor modification to table 1. - Correct the figure for Gender, from 66 to 66.9 - Add please



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explanations to each figure and table.



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ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastrointestinal Surgery

ESPS manuscript NO: 19647

Title: Response to chemoradiotherapy and lymph node involvement in locally advanced rectal cancer

Reviewer's code: 00503832

Reviewer's country: China

Science editor: Xue-Mei Gong

Date sent for review: 2015-05-20 10:35

Date reviewed: 2015-06-03 22:24

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 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
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		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

COMMENTS TO AUTHORS

This work describes the efficacy of chemoradiation therapy in local advanced rectal cancer and concludes that lymph node metastasis is associated with the treatment failure. The writing is good and the conclusion is considerable. However, some queries in this work need to be clarified: 1. Could authors give an explanation more clearly on the mismatch of staging from MRI before treatment and pathological staging after surgery. 2. Because the lymph node involvement or not is a important factor to indicate the successful of CRT to local advanced rectal cancer patients, what is the strategy to improve the accuracy of the diagnosis. 3. The Abstract section is too long, I suggest authors to re-edit it.