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ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastrointestinal Surgery
ESPS manuscript NO: 21718
Title: Parenchymal-sparing liver surgery in patients with colorectal carcinoma liver metastases
Reviewer's code: 00183251
Reviewer's country: China
Science editor: Yue-Li Tian
Date sent for review: 2015-08-04 08:38
Date reviewed: 2015-08-10 16:23

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
[Y] Grade A: Excellent	[Y] Grade A: Priority publishing	Google Search:	[Y] Accept
[ ] Grade B: Very good	[ ] Grade B: Minor language polishing	[ ] The same title	[ ] High priority for publication
[ ] Grade C: Good	[ ] Grade C: A great deal of language polishing	[ ] Duplicate publication	[ ] Rejection
[ ] Grade D: Fair	[ ] Grade D: Rejected	[ ] Plagiarism	[ ] Minor revision
[ ] Grade E: Poor		[Y] No	[ ] Major revision
		BPG Search:	
		[ ] The same title	
		[ ] Duplicate publication	
		[ ] Plagiarism	
		[Y] No	

COMMENTS TO AUTHORS

This is an excellent review on the historical perspective, oncological basis, patient selection and surgical techniques of PSLS. From the literatures listed in the manuscript, we can clearly understand the urgent need for tumor-oriented operation instead of traditional segment resection in the era of comprehensive therapy for colorectal liver metastasis. The overall structure of the manuscript is complete. The authors cited all of the important references to clarify the historic evolution of surgical procedures in CLM, and clearly presented that PSLS will be gold-standard surgical approach for patients with CLM. The conclusions may improve the readers' practice and have value for publication.

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ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastrointestinal Surgery
ESPS manuscript NO: 21718
Title: Parenchymal-sparing liver surgery in patients with colorectal carcinoma liver metastases
Reviewer's code: 03317096
Reviewer's country: Brazil
Science editor: Yue-Li Tian
Date sent for review: 2015-08-04 08:38
Date reviewed: 2015-08-25 04:37

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
[Y] Grade A: Excellent	[Y] Grade A: Priority publishing	Google Search:	[Y] Accept
[ ] Grade B: Very good	[ ] Grade B: Minor language polishing	[ ] The same title	[ ] High priority for publication
[ ] Grade C: Good	[ ] Grade C: A great deal of language polishing	[ ] Duplicate publication	[ ] Rejection
[ ] Grade D: Fair	[ ] Grade D: Rejected	[ ] Plagiarism	[ ] Minor revision
[ ] Grade E: Poor		[Y] No	[ ] Major revision
		BPG Search:	
		[ ] The same title	
		[ ] Duplicate publication	
		[ ] Plagiarism	
		[Y] No	

COMMENTS TO AUTHORS

This is a well-performed revision of an interesting issue called parenchymal-sparing liver surgery in patients with colorectal carcinoma liver metastases. I think it is in priority publishing because of solidification the concept of modern liver surgery. No corrections in English nor in the paper's structure. Only in section tumor biology, the authors should look in three recent published papers, to increase discussion on this topic: Lupinacci RM et al. Lymphatic drainage of the liver and its implications in the management of colorectal cancer liver metastases. Updates Surg. 2014 Dec;66(4):239-45. doi: 10.1007/s13304-014-0265-0 Lupinacci RM et al. Prognostic implication of mucinous histology in resected colorectal cancer liver metastases. Surgery. 2014 Jun;155(6):1062-8. doi: 10.1016/j.surg.2014.01.011. Lupinacci RM et al. Intrahepatic lymphatic invasion but not vascular invasion is a major prognostic factor after resection of colorectal cancer liver metastases.World J Surg. 2014 Aug;38(8):2089-96. doi: 10.1007/s00268-014-2511-5.

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ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastrointestinal Surgery
ESPS manuscript NO: 21718
Title: Parenchymal-sparing liver surgery in patients with colorectal carcinoma liver metastases
Reviewer's code: 00057645
Reviewer's country: Italy
Science editor: Yue-Li Tian
Date sent for review: 2015-08-04 08:38
Date reviewed: 2015-08-26 23:17

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
[ ] Grade A: Excellent	[Y] Grade A: Priority publishing	Google Search:	[ ] Accept
[Y] Grade B: Very good	[ ] Grade B: Minor language polishing	[ ] The same title	[ ] High priority for publication
[ ] Grade C: Good	[ ] Grade C: A great deal of language polishing	[ ] Duplicate publication	[ ] Rejection
[ ] Grade D: Fair	[ ] Grade D: Rejected	[ ] Plagiarism	[Y] Minor revision
[ ] Grade E: Poor		[Y] No	[ ] Major revision
		BPG Search:	
		[ ] The same title	
		[ ] Duplicate publication	
		[ ] Plagiarism	
		[Y] No	

COMMENTS TO AUTHORS

The paper titled "Parenchymal-sparing liver surgery in patients with colorectal carcinoma liver metastases" report an extensive literature review on interesting and emerging topic. The manuscript is well-written and addresses the issue in a comprehensive manner with both oncological and surgical aspects. All the sections are clear and complete. Moreover, the figures show effectively and in a schematic way the different surgical possibilities according to the number and site of the lesions. Some minor concerns should be addressed to the Authors: ? In "Hystorical Perspective and Oncological Basis" section the Authors reported literature data in favour of non-anatomic resection (NAR), repeat hepatectomy and that the width of surgical margin did not correlate with liver recurrence. However some important experimental and pathological studies regarding micrometastasis and "dangerous halo" should be mentioned and discussed in the text. 1) Wakai T, et al. Appraisal of 1 cm hepatectomy margins for intrahepatic micrometastases in patients with colorectal carcinoma liver metastasis. Ann Surg Oncol. 2008; 15(9):2472-2481 2) Wakai T, et al. Histological evaluation of intrahepatic micrometastases in patients treated with or without

neoadjiuvant chemotherapy for colorecatal carcinoma liver metastasis. Int J Clin Exp Pathol. 2012; 5(4):308-314 3) Mentha G, et al. Dangerous halo after neoadjiuvant chemotherapy and two-step hepatectomy for colorectal liver metastases. Br J Surg. 2009; 96:95-103 ? In "Imaging techniques" section the role of MRI especially with Diffusion-Weighted sequences should be discussed and emphasized. Moreover it might be interesting to know the opinion of the authors on the use of contrast enhanced intraoperative ultrasound (CE-IOUS), which in our experience showed an additional diagnostic role in patients resected after chemotherapy 4. 4) Ruzzenente A, et al. Usefulness of contrast-enhanced intraoperative ultrasonography (CEIOUS) in patients with colorectal liver metastases after preoperative chemotherapy. J Gastrointest Surg. 2013;17(2):281-7