



**PEER-REVIEW REPORT**

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

**Manuscript NO:** 54885

**Title:** Adjuvant chemotherapy in older adults with stage II and III colon cancer: perspectives from the lens of clinical trials and real-world evidence.

**Reviewer’s code:** 03479476

**Position:** Peer Reviewer

**Academic degree:** MD, PhD

**Professional title:** Associate Professor

**Reviewer’s Country/Territory:** Japan

**Author’s Country/Territory:** Canada

**Manuscript submission date:** 2020-02-24

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2020-02-28 00:01

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**Review time:** 4 Days and 1 Hour

<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 Grade E: Do not publish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 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
<b>Conclusion</b>	<input type="checkbox"/> Accept (High priority) <input checked="" type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
<b>Re-review</b>	<input 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**

This article is good review for adjuvant chemotherapy in older patients with stage II and III colorectal cancer



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

**Manuscript NO:** 54885

**Title:** Adjuvant chemotherapy in older adults with stage II and III colon cancer: perspectives from the lens of clinical trials and real-world evidence.

**Reviewer's code:** 00036099

**Position:** Peer Reviewer

**Academic degree:** MD, PhD

**Professional title:** Doctor

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

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

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**Reviewer chosen by:** Jin-Zhou Tang

**Reviewer accepted review:** 2020-03-30 07:02

**Reviewer performed review:** 2020-04-06 14:57

**Review time:** 7 Days and 7 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
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## **SPECIFIC COMMENTS TO AUTHORS**

It is a clear, structured and informative review concerning the lens of clinical trials and real-world evidence in the adjuvant chemotherapy in older adults with stage II and III colon cancer. This text is purported to be concise, but, in my opinion, is sometimes a little too “radical” regarding questions still matter of debate: For example, the question of quality of life in the elderly is affirmative and decided, while other convincing arguments do exist in the literature (“there is recognition that older adults are less willing to endure the side-effects of chemotherapy, as compared to younger patients”). This question should have been more discussed. The question of the benefit of adjuvant chemotherapy in older patients with stage II colon cancer is still questioned and should have been more discussed too. The reference given to illustrate the absence of benefit on survival is lacking. Knowledge are lacking regarding the benefit/risk balance to help in decision-making for these patients in routine practice. I agree with the general conclusions of this review. As the authors state, available data from real-world evidence are limited by inherent selection bias and confounding by indication while individuals belonging to advanced age groups frequently do not or cannot participate in clinical trials. Despite these limits, real-world data may be used to address patient groups ineligible for clinical trials. Real-world data are derived from numerous various sources. I would underline the importance of using a validated statistical methodology to analyze real-world data with the aim of making results “all other things being equal”. The authors should discuss this constraint.