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PEER-REVIEW REPORT

Name of journal: World Journal of Gastrointestinal Oncology

Manuscript NO: 66351

Title: Management of single pulmonary metastases from colorectal cancer: state of the art

Provenance and peer review: Invited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 05936826

Position: Peer Reviewer

Academic degree: MD

Professional title: Doctor

Reviewer's Country/Territory: Turkey

Author's Country/Territory: Italy

Manuscript submission date: 2021-03-26

Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-03-29 14:04

Reviewer performed review: 2021-04-11 18:33

Review time: 13 Days and 4 Hours

Scientific quality	[] Grade A: Excellent [] Grade B: Very good [Y] Grade C: Good [] Grade D: Fair [] Grade E: Do not publish
Language quality	 [] Grade A: Priority publishing [Y] Grade B: Minor language polishing [] Grade C: A great deal of language polishing [] Grade D: Rejection
Conclusion	 [] Accept (High priority) [] Accept (General priority) [Y] Minor revision [] Major revision [] Rejection
Re-review	[]Yes [Y]No



Baishideng **Publishing**

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Peer-reviewer	Peer-Review: [Y] Anonymous [] Onymous
statements	Conflicts-of-Interest: [] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

Thank you for your valuable work. 1. Keywords: Surgical phrases may be added. 2. Tables: You may consider adding recent literature comparison table for each therapeutic choice including survivals. 'Resection margin' data is added in your table, but surgical techniques and margins are not thoroughly discussed in the text. - At page 10, 3.2., first sentence; "about 70% of CRC metastases are un-resectable and radiotherapy represents a very promising and rapidly evolving non-invasive treatment modality, particularly with stereotactic body radiation therapy (SBRT)" is suggested. Could you please add reference to that? Should the reader see this statement as a 'take home' message? Later in that section, page 12, last sentence of first pharagraph; "in fact, SBRT is often offered to patients who are usually not eligible for other treatment modalities" sentence also needs a reference. Did you find any information about second primary lung cancer incidence in colorectal carcinoma patients who received SBRT for lung lesion without pathological diagnosis? - For mediastinal evaluation, should the patient undergo mediastinoscopy before metastasectomy if nodal disease is suspected? Should we change our approach as if treating a primary lung cancer? What are your thoughts on this issue? - Is there a suggested cut-off level for high CEA, that was stated in literature, which we should avoid surgery? Could CEA levels give us a hint for recurrences after surgery, that the primary tumor may not be under control?