

PEER-REVIEW REPORT

Name of journal: World Journal of Gastrointestinal Oncology

Manuscript NO: 82529

Title: Restaging rectal cancer following neoadjuvant chemoradiotherapy

Provenance and peer review: Invited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 06408918 Position: Peer Reviewer Academic degree: MD

Professional title: Doctor

Reviewer's Country/Territory: China

Author's Country/Territory: Italy

Manuscript submission date: 2022-12-22

Reviewer chosen by: AI Technique

Reviewer accepted review: 2023-01-27 07:52

Reviewer performed review: 2023-01-31 03:53

Review time: 3 Days and 20 Hours

Scientific quality	[] Grade A: Excellent [] Grade B: Very good [Y] Grade C:
	Good
	[] Grade D: Fair [] Grade E: Do not publish
	[] Grade A: Excellent [Y] Grade B: Good [] Grade C:
Novelty of this manuscript	Fair
	[] Grade D: No novelty
Creativity or innovation of this manuscript	[] Grade A: Excellent [Y] Grade B: Good [] Grade C:
	Fair
	[] Grade D: No creativity or innovation



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Scientific significance of the conclusion in this manuscript	[] Grade A: Excellent [Y] Grade B: Good [] Grade C: Fair [] Grade D: No scientific significance
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) [Y] Accept (General priority) [] Minor revision [] Major revision [] Rejection
Re-review	[Y] Yes [] No
Peer-reviewer statements	Peer-Review: [Y] Anonymous [] Onymous Conflicts-of-Interest: [] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

First, this paper focuses on how to correctly restage tumors for patients Dear author with locally advanced rectal cancer who are receiving neoadjuvant therapy. Secondly, the topic selection of this manuscript is great and complements the relevant knowledge content of the clinicians. Finally, the content summarized in this article has great guidance for clinical treatment, which can benefit a proportion of patients with locally advanced rectal cancer who are receiving neoadjuvant therapy. For example, patients with large local side reactions after radiotherapy can continue to receive chemotherapy and then choose surgical treatment. It is expected that after more clinical trials appear, the author can collate the relevant data and get the specific time of tumor restaging for different populations. This article could be accepted and published.



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Peer-review model: Single blind

Reviewer's code: 02823583 Position: Editorial Board

Academic degree: MD, MSc, PhD

Professional title: Academic Research, Doctor, Surgeon

Reviewer's Country/Territory: Sweden

Author's Country/Territory: Italy

Manuscript submission date: 2022-12-22

Reviewer chosen by: Yu-Lu Chen

Reviewer accepted review: 2023-02-08 08:28

Reviewer performed review: 2023-02-08 08:49

Review time: 1 Hour

Scientific quality	[] Grade A: Excellent [Y] Grade B: Very good [] Grade C:
	Good
	[] Grade D: Fair [] Grade E: Do not publish
	[] Grade A: Excellent [Y] Grade B: Good [] Grade C:
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Conclusion	[] Accept (High priority) [Y] Accept (General priority) [] Minor revision [] Major revision [] Rejection
Re-review	[Y]Yes []No
Peer-reviewer statements	Peer-Review: [Y] Anonymous [] Onymous Conflicts-of-Interest: [] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

Thank you for a great review of the Up to Date data on a very important topic, especially now that TNT is gaining ground



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Peer-review model: Single blind

Reviewer's code: 03656584 Position: Editorial Board Academic degree: MD, MSc

Professional title: Associate Professor, Associate Specialist, Director, Doctor

Reviewer's Country/Territory: China

Author's Country/Territory: Italy

Manuscript submission date: 2022-12-22

Reviewer chosen by: Yu-Lu Chen

Reviewer accepted review: 2023-02-08 07:45

Reviewer performed review: 2023-02-14 10:52

Review time: 6 Days and 3 Hours

Scientific quality	[] Grade A: Excellent [] Grade B: Very good [Y] Grade C:
	Good
	[] Grade D: Fair [] Grade E: Do not publish
	[] Grade A: Excellent [Y] Grade B: Good [] Grade C:
Novelty of this manuscript	Fair
	[] Grade D: No novelty
Creativity or innovation of this manuscript	[] Grade A: Excellent [] Grade B: Good [Y] Grade C:
	Fair
	[] Grade D: No creativity or innovation



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Scientific significance of the conclusion in this manuscript	[] Grade A: Excellent [Y] Grade B: Good [] Grade C: Fair [] Grade D: No scientific significance
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	[Y] Yes [] No
Peer-reviewer statements	Peer-Review: [Y] Anonymous [] Onymous Conflicts-of-Interest: [] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

The authors systematically described the clinical problems of the re-stage of patients with locally advanced rectal cancer after neoadjuvant treatment. The innovation of relevant research is general, and many similar studies have been published. However, the author's description is relatively systematic and comprehensive, which has certain guiding significance for clinical practice. Relevant evaluation methods are also commonly used in clinical examination at present, without introducing laboratory indicators, such as the progress of liquid detection technology such as ctDNA MRD, which can also provide evidence for tumor re-stage after neoadjuvant treatment. What's more, is the neoadjuvant therapy due to long-term or short-term radiotherapy? Whether chemotherapy is combined with immunotherapy at the same time varies. Therefore, it is difficult to unify at present, and can only be studied individually. The readability of the writing is acceptable, and some languages need to be modified. The editorial department is requested to decide whether to hire or reject the manuscript according to the source situation.



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