

**ESPS Peer-review Report**

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

**ESPS Manuscript NO:** 7425

**Title:** Primary tumor resection in patients with colorectal cancer and unresectable synchronous metastases: a controversial area

**Reviewer code:** 00181023

**Science editor:** Gou, Su-Xin

**Date sent for review:** 2013-11-18 13:49

**Date reviewed:** 2013-12-10 16:29

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A (Excellent)	<input type="checkbox"/> Grade A: Priority Publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B (Very good)	<input type="checkbox"/> Grade B: minor language polishing	<input type="checkbox"/> Existed	<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"/> No records	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D (Fair)	<input type="checkbox"/> Grade D: rejected	BPG Search:	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)		<input type="checkbox"/> Existed	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

**COMMENTS TO AUTHORS**

The manuscript by de Mestier and colleagues provides a well written in depth review on the pros and cons of primary tumor resection in patients with stage IV colorectal cancer (with unresectable distant metastases). In general, the authors can only be congratulated for this excellent work. I have only two comments. The manuscript is made up by 11 different chapters, some of them are more relevant (and extremely interesting), some may be “secondary” topics, but I totally accept the authors’ choice. Anyway, the manuscript would very much benefit from an additional chapter summarizing the differences that exist between colon and rectum cancers. I have to admit, that this information is mainly included in the different chapters, but it is currently difficult to find. And the local complications for rectal cancer left in situ may differ substantially from those of colon cancer, if we e.g. consider the risk of urinary obstruction and the need for subsequent urological intervention. Minor remark: In Table 2 “OR” is not explained, I guess it means odds ratio (this information should be included in the list of abbreviations). But my concern goes further: all ORs are >1, indicating that there is an increase in risk, while all HRs are <1, indicating that there is reduced risk. This, however, cannot be true as the following examples show: Law et al (2004): Resection / OS 7 months; no resection / OS 3 months; OR 2.39 Stelzner et al (2005): Resection / OS 11.4 months; no resection / OS 4.6 months; HR 0.5 It would be much easier for the reader to get the information of this table, if the authors only referred HRs (or ORs) that “go into the same direction”, and transform, e.g., the 2.39 OR of the paper by Law et al. in the following way:  $1/2.39=0.42=HR$ .

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

**ESPS Manuscript NO:** 7425

**Title:** Primary tumor resection in patients with colorectal cancer and unresectable synchronous metastases: a controversial area

**Reviewer code:** 00068472

**Science editor:** Gou, Su-Xin

**Date sent for review:** 2013-11-18 13:49

**Date reviewed:** 2013-12-15 17:14

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A (Excellent)	<input type="checkbox"/> Grade A: Priority Publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B (Very good)	<input checked="" type="checkbox"/> Grade B: minor language polishing	<input type="checkbox"/> Existed	<input type="checkbox"/> High priority for publication
<input checked="" type="checkbox"/> Grade C (Good)	<input type="checkbox"/> Grade C: a great deal of language polishing	<input type="checkbox"/> No records	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D (Fair)	<input type="checkbox"/> Grade D: rejected	BPG Search:	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)		<input type="checkbox"/> Existed	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

**COMMENTS TO AUTHORS**

The authors address the important area of treatment of patients with colorectal cancer (CRC) with synchronous metastases. Whether primary tumor resection followed by chemotherapy or first step chemotherapy without primary tumor resection is the optimal therapeutic approach in patients with asymptomatic CRC and unresectable metastases is an unanswered, important issue. Well designed, randomized controlled studies are urgently needed. At first sight the manuscript seems impressive. However, overall, the presentation of the topic is a little confused. In my view, the manuscript should be shortened. The English language should be improved. Specific comments ?Overall, the presentation of the topic is a little confused. ?The English language should be improved. ?In my view, the manuscript should be shortened. ?The authors should explain why randomized studies are missing in this topic. ?The clear-cut indications and contraindications of primary tumor resection should be summarized in a separate table.



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

**ESPS Manuscript NO:** 7425

**Title:** Primary tumor resection in patients with colorectal cancer and unresectable synchronous metastases: a controversial area

**Reviewer code:** 02573214

**Science editor:** Gou, Su-Xin

**Date sent for review:** 2013-11-18 13:49

**Date reviewed:** 2013-12-27 00:54

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A (Excellent)	<input type="checkbox"/> Grade A: Priority Publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B (Very good)	<input type="checkbox"/> Grade B: minor language polishing	<input type="checkbox"/> Existed	<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"/> No records	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D (Fair)	<input type="checkbox"/> Grade D: rejected	BPG Search:	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)		<input type="checkbox"/> Existed	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

**COMMENTS TO AUTHORS**

It could be interesting compare also the results, reported in literature, of the cases with asintomatic stenoses, in which endoscopic metal stent was positioned before chemotherapy.

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

**ESPS Manuscript NO:** 7425

**Title:** Primary tumor resection in patients with colorectal cancer and unresectable synchronous metastases: a controversial area

**Reviewer code:** 02520050

**Science editor:** Gou, Su-Xin

**Date sent for review:** 2013-11-18 13:49

**Date reviewed:** 2013-12-30 21:19

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A (Excellent)	<input type="checkbox"/> Grade A: Priority Publishing	Google Search:	<input type="checkbox"/> Accept
<input checked="" type="checkbox"/> Grade B (Very good)	<input checked="" type="checkbox"/> Grade B: minor language polishing	<input type="checkbox"/> Existed	<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"/> No records	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D (Fair)		BPG Search:	<input checked="" type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)	<input type="checkbox"/> Grade D: rejected	<input type="checkbox"/> Existed	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

**COMMENTS TO AUTHORS**

This review of a common and difficult clinical scenario—synchronous colorectal cancer with unresectable metastases—is a timely and important contribution to the literature. Not only have the authors worked to perform a thorough review of the literature, but they have also commented on the design of an appropriate randomized trial to address this issue, which is reportedly being planned in France. I believe this is what separates this review from previous meta-analyses/reviews, which have been performed. In general, I think this is a valuable manuscript that would be of interest to many disciplines. I have a few comments: 1. Though the manuscript is readable, I would recommend that a native English speaker thoroughly edit the paper, as there are some syntax and grammatical errors. For example, the last sentence of the abstract needs to be re-worded. 2. On page 6, the authors state a survival of 35-60% for patients with resected metastatic lesions. Is this a 5 year survival? Other? Also on page 6, panitumumab is misspelled. 3. I would consider joining sections 4 and 5. They have a similar theme—prognostic variables and how they should be applied to clinical decision making—and individually they don't seem to have enough material to stand alone. 4. The word 'lasts' on line 6 of page 11 does not make sense. 5. Though it is stated elsewhere in the manuscript, I think that section 6 should have at least a sentence, if not a paragraph, stating that perhaps there is no survival benefit to PTR—that previous data result from such selection bias that overall survival cannot be interpreted reliably. 6. Section 7—addressing quality of life—could use some data. Perhaps, for example, a comparison of surgical complications from PTR and grade ? complications from chemotherapy could be made, to give the reader more concrete detail about



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issues that impact QOL. This seems to be addressed in section 9—perhaps some of these data could be moved to section 7. 7. The statement ‘...eight patients underwent a surgical resection with curative intent’ on page 14 does confuses me. By definition, none of these patients can be cured. Can the authors explain this? 8. The sentence on page 18 that starts with ‘Indeed, a significant (spelling error) rate of. ....’ is confusing. Can the authors re-state or explain this better? 9. I think a summary paragraph after section 10 may be helpful to wrap up the review.