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ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastrointestinal Oncology

ESPS manuscript NO: 18687

Title: Management of asymptomatic primary tumours in stage IV colorectal cancer: Review of outcomes

Reviewer's code: 00045997

Reviewer's country: Japan

Science editor: Jing Yu

Date sent for review: 2015-04-28 09:47

Date reviewed: 2015-07-22 17:42

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	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"/> The same title	<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"/> Duplicate publication	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input type="checkbox"/> Plagiarism	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		[Y] No	<input type="checkbox"/> Major revision
		BPG Search:	
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		[Y] No	

COMMENTS TO AUTHORS

In this review paper, Wilkinson and colleagues evaluated management of asymptomatic primary tumours in stage IV colorectal cancer, referring previous studies. This is a carefully done study and the findings are of considerable interest. I have no serious criticism regarding methodology, results and interpretation of the results.



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ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastrointestinal Oncology

ESPS manuscript NO: 18687

Title: Management of asymptomatic primary tumours in stage IV colorectal cancer: Review of outcomes

Reviewer's code: 02445553

Reviewer's country: Spain

Science editor: Jing Yu

Date sent for review: 2015-04-28 09:47

Date reviewed: 2015-07-23 17:12

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input checked="" 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"/> The same title	<input type="checkbox"/> High priority for publication
<input checked="" type="checkbox"/> Grade C: Good		<input type="checkbox"/> Duplicate publication	
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Plagiarism	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade E: Poor		<input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Minor revision
	<input type="checkbox"/> Grade D: Rejected	BPG Search:	<input type="checkbox"/> Major revision
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

COMMENTS TO AUTHORS

A well written Review. 1. However, it should be updated by mention and discussion of two recent publications: Tarantino et al. Ann Surg 1015;262:112-120 Ishihara et al. Int J Colorect Dis 2015;30:807-812 Both articles deal also with symptomatic patients, but use modern statistical analys. The former is a very large register study. 2. The secondary endpoint "pain" is poorly discussed. It should be emphasized that, unless primary resection of rectal cancer is performed, there is a risk for non treatable pain, secretion and bleeding in late stages of the patient's life.

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastrointestinal Oncology

ESPS manuscript NO: 18687

Title: Management of asymptomatic primary tumours in stage IV colorectal cancer: Review of outcomes

Reviewer's code: 02455208

Reviewer's country: Greece

Science editor: Jing Yu

Date sent for review: 2015-04-28 09:47

Date reviewed: 2015-07-28 22:59

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input checked="" type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
<input checked="" type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<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"/> Duplicate publication	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		BPG Search:	<input type="checkbox"/> Major revision
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

COMMENTS TO AUTHORS

A very interesting article, setting important clinical dilemmas. Due to the nature of the problem and the lack of reliable data, one should not expect a straightforward answer. Language-wise is at the level of a native English speaker. The construction is also according to widely accepted guidelines for systematic reviews (like PRISMA). The results, although based on non-solid data, show that as chemotherapy advances, "heroic" operations of the past, gradually loose ground. However, the most important drawback is that colon and rectal cancers were studied as an entity. This is not only because radiotherapy is a very important adjuvant in rectal tumours, but also because from a technical point of view, a rectal T4 tumour is totally different from a colon T4. There is no doubt that authors acknowledge and describe this issue in the manuscript. Under the light of the above, if the initial dilemma could be extended to "surgical or non-surgical management of stage IV colorectal cancer", a distinction between colonic and rectal could be critical.