

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastrointestinal Oncology

ESPS manuscript NO: 20755

Title: Long-term outcomes after stenting as a “bridge to surgery” for the management of acute obstruction secondary to colorectal cancer

Reviewer’s code: 00181208

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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 checked="" 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"/> 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		<input checked="" type="checkbox"/> No	<input type="checkbox"/> Major revision
		BPG Search:	
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

COMMENTS TO AUTHORS

This is an interesting clinical review on the use of metal stents as a bridge to surgery in patients with colon ca and an obstruction at presentation. It highlights some controversies in their use but abstains from providing very concrete recommendations. In this regard the conclusions section lacks clarity. The last paragraph of the section mirrors the recommendation of ESGE but the wording could be more clear. Authors have referenced the report (their reference23) elsewhere but should repeat the reference at this point of the manuscript. Some specific comments and points for the authors to consider: 1. In page 8 line 3, authors mention that the number of lymph nodes removed is higher after stenting. This is not completely supported by table 2 where most of the studies do not show a statistically significant difference. Authors should modify their discussion to include negative data. 2. In the same page the statement in paragraph 23 regarding chemotherapy does not seem to be supported by the data presented in table 2 column 3. 3. A general overview of type of stents available could be of interest. 4. A discussion of risk factors associated with perforation in the literature (besides endoscopist expertise to which authors allude) should be added. This is of importance in the



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decision to proceed with stent versus undertake the increased risk of an emergency operation. 5. A brief discussion of the timing of surgery after stent placement to optimize outcomes should be also added.