

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastrointestinal Oncology

ESPS manuscript NO: 31818

Title: Critical Evaluation of Contemporary Management in a New Pelvic Exenteration

Unit: the first 25 consecutive cases

Reviewer's code: 01557877

Reviewer's country: Slovenia

Science editor: Ya-Juan Ma

Date sent for review: 2016-12-09 17:18

Date reviewed: 2016-12-20 07:02

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input checked="" type="checkbox"/> Grade A: Priority publishing	Google Search:	<input checked="" 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"/> 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 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

Congratulations for establishing a unit dedicated to pelvic exenterations. Good results of complex surgical procedures

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Reviewer's code: 00097860

Reviewer's country: Israel

Science editor: Ya-Juan Ma

Date sent for review: 2016-12-09 17:18

Date reviewed: 2016-12-17 19:10

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> [Y] Accept
<input type="checkbox"/> [Y] 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"/> Duplicate publication	
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> [Y] Grade C: A great deal of language polishing	<input type="checkbox"/> Plagiarism	<input type="checkbox"/> [] Rejection
<input type="checkbox"/> Grade E: Poor		<input type="checkbox"/> [Y] No	<input 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 type="checkbox"/> [Y] No	

COMMENTS TO AUTHORS

Title: Critical review of contemporary management in a new pelvic exenteration unit: the first 25 consecutive cases Study Design: retrospective study Authors Methodology: retrospective study of 25 patients operated in one medical center Authors Results: 25 pelvic exenterations for locally advanced tumors reviewed: 13 rectal adeno CA; 5 colonic CA; 3 cervical carcinomas; and 3 sacral chordomas. These included 10 total, 4 anterior, 7 posterior and 4 lateral exenterations. R0 was achieved in 16 (64%) patients. None of the patients died. Three (12%) suffered major complications. During a median followup of 17.6 months (range 6.3-39 months) there were 7 (30.4%) recurrences and 4 deaths. R1 margin was not related to postoperative recurrence in this series. Authors Conclusions: Good results of pelvic exenteration in this series may be related in part to careful patient selection, detailed pre-operative planning, multi-disciplinary team work and adaptation of modern operative techniques/ologies. Reviewers Comments: The authors report on their experience in operating 25 selected patients with comparable results to those reported in the medical literature. Many of these are studies reporting relative small series of

patients. There are however, some reports with larger number of patients, such as Heriot AG et al. who report 160 patients in the article quoted in this manuscript and 139 other patients operated between 2008-2011 in a follow-up study not quoted here. Furthermore, as described by the authors, Yang TX et al, systematically review 1049 patients from 23 studies. It is for this reason that following the initial reading of this manuscript I had the impression that nothing is being renewed here. However, after rereading this manuscript I feel this article deserves to be published in the World Journal of Gastroenterology. The real strength of this manuscript is in the part where the authors describe their methodologies in working up patients and during surgeries. This part is well written and offers good references. This will be of value for those interested in this topic.