

PEER-REVIEW REPORT

Name of journal: *World Journal of Clinical Oncology*

Manuscript NO: 79693

Title: Oncologic safety of colonic stenting as a bridge to surgery in left-sided malignant colonic obstruction: Current evidence and prospects

Provenance and peer review: Invited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 02575643

Position: Peer Reviewer

Academic degree: FRCS (Gen Surg), MD

Professional title: Assistant Professor, Professor

Reviewer's Country/Territory: Italy

Author's Country/Territory: Thailand

Manuscript submission date: 2022-09-02

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-09-02 13:23

Reviewer performed review: 2022-09-02 13:38

Review time: 1 Hour

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input checked="" type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Language quality	<input type="checkbox"/> Grade A: Priority publishing <input checked="" type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
Conclusion	<input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input checked="" type="checkbox"/> Major revision <input type="checkbox"/> Rejection
Re-review	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Peer-reviewer statements	Peer-Review: [<input type="checkbox"/>] Anonymous [<input checked="" type="checkbox"/>] Onymous Conflicts-of-Interest: [<input type="checkbox"/>] Yes [<input checked="" type="checkbox"/>] No
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SPECIFIC COMMENTS TO AUTHORS

Interesting and timely review. The paper is well written. I would recommend to involve in the paper a statistician and to perform adequate meta analyses for the renomized prospective trials adding Forrest schema. In addition I suggest to add in the references few of the papers by Lamazza A . She reintroduced into clinical practice SEMS as bridge to surgery after the European Society of Endoscopy did not reccomedn the use of SEMS in acute colorectal obstruction on the basis of the results of an initial trial, abandoned for the poor results probably related with not adequate initial expertice. In a subchapter I would like to suggest, if I am allowed to do so, to underline the importance of radio-chemotherapy after SEMS placement and before definitive colorectal resection and the advantages related with SEMS placement iin this clincial setting.

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Reviewer's code: 05078461

Position: Peer Reviewer

Academic degree: Doctor, MD

Professional title: Attending Doctor, Chief Doctor, Doctor, Surgeon, Surgical Oncologist, Teacher

Reviewer's Country/Territory: China

Author's Country/Territory: Thailand

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Scientific quality	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
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SPECIFIC COMMENTS TO AUTHORS

For the patients mentioned in this article who received chemotherapy first after the placement of palliative SEMS, the article mentioned that most patients had a short course of disease. After the placement of palliative SEMS, they only received chemotherapy and eventually died of colon cancer. In fact, in clinical practice, for some patients in this area, such as patients with obstructive colon cancer with liver metastasis, neoadjuvant chemotherapy is used before surgery to achieve tumor depression, and then secondary surgery is performed. This aspect of treatment can also reflect the oncologic safety of colonic stenting as a bridge to surgery in the treatment of malignant colonic obstruction patients, and I hope to supplement the relevant literature in this regard.