

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Oncology

ESPS manuscript NO: 18028

Title: Portal vein embolization effect on colorectal cancer liver metastasis progression: Lessons learned

Reviewer's code: 02453015

Reviewer's country: United States

Science editor: Xue-Mei Gong

Date sent for review: 2015-04-05 09:32

Date reviewed: 2015-04-06 00:24

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"/> 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 type="checkbox"/> Grade D: Rejected	<input type="checkbox"/> No	<input type="checkbox"/> Minor revision
		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"/> No	

COMMENTS TO AUTHORS

Major concerns: 1.English needs to be improved by professional writers. 2.As a review, it will benefit from figures and tables, which make the technique more clear, and show its definition, procedures, efficiency, adverse effects, and challenges in corresponding reports.

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Oncology

ESPS manuscript NO: 18028

Title: Portal vein embolization effect on colorectal cancer liver metastasis progression: Lessons learned

Reviewer's code: 02936822

Reviewer's country: France

Science editor: Xue-Mei Gong

Date sent for review: 2015-04-05 09:32

Date reviewed: 2015-04-15 22:04

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"/> 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 checked="" 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

I thank the author for their interesting review, that summarize quite nicely the subject. However, I would have some comments: Major comment: 1- Much of the paper deals with the increase of size of the lesions following PVE, but the authors should also discuss the potential clinical impact of such increase. Does the published data indicate that the increase result frequently in subsequent unresectability? Minor comments: 1- End of page 6, the author should add the p value regarding their previous study: "The study showed a positive TGR (+0.07 cm³/day) in the PVE group compared to a negative TGR (-0.06 cm³/day) in the control (no PVE) group" 2- Begining of page 7. "This greatly influences clinicians' management because it reduces the benefit gained from chemotherapy." I don't think that this statement is supported by the data, as the benefit of chemotherapy would be either to enable resection by downstaging (and the results presented does not show that PVE diminish that) or to provide long-term benefit by reducing recurrence (and PVE certainly enhance that by allowing for resection). I would recommend to modify this sentence. 3- Second paragraph of page 8 " The next issue to be addressed is how can we abort the response of tumor progression post-PVE once it has



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been triggered? " From an oncological perspective, the terminology of "response of tumor progression" is misleading, I would suppress terms "the reponse of" 4- Regarding radioembolization, it was in fact proposed as an alternative to PVE rather than an addition to PVE. This may be modified. 5- "In the light of current knowledge provided by those reports, researchers can carry out clinical trials to prove efficacy of these protective modalities in this category of patients. " I'm unsure whether such trial would be feasible... 6- The ref n°14 and 15 are in russian and norwegian; for an international audience, I would suggest to delete them.