



BAISHIDENG PUBLISHING GROUP INC

7901 Stoneridge Drive, Suite 501, Pleasanton, CA 94588, USA

Telephone: +1-925-223-8242

Fax: +1-925-223-8243

E-mail: bpgoffice@wjgnet.com

http://www.wjgnet.com

PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Oncology

Manuscript NO: 34035

Title: Prophylactic lateral pelvic lymph node dissection in stage IV low rectal cancer (re-submit)

Reviewer's code: 03094792

Reviewer's country: Spain

Science editor: Jin-Xin Kong

Date sent for review: 2017-03-24

Date reviewed: 2017-04-05

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		<input 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 type="checkbox"/> No	

COMMENTS TO AUTHORS

The abstract should specify why these patients have been classified as stage IV. It is clarified in the text but not in the abstract. It is necessary for the exclusive readers of the abstract to grasp the essence of the article. Also in the 7th AJCC, M1a (Stage IV) is considered the presence of lymphadenopathy in the common iliac chain and in the external iliac. L64-L66 - "Clinical LPLN metastasis was defined as LN with a maximum diameter of 10 mm or more on preoperative pelvic computed tomography scan". Usually considered positive if: Lymphadenopathies > 5 mm (short axis) seen, with irregular border and heterogeneous signal intensity. It is fully demonstrated that neoadjuvancy increases R0 rates both locally and metastasis. It is a treatment rarely used in your study. Of course, it is the factor that is significantly related to survival. Totally agree with their conclusions. In fact, in the West, prophylactic LPLN is not practiced at any stage of the disease. L113-114 - "In Western countries, LPLN metastasis is generally considered as a metastatic disease". Only if involvement of the external iliac



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chain or common iliac (primitive). L115 - L116 - " ... and preoperative chemoradiation and total mesorectal excision (TME) is the standard treatment" This means that the lateral lymph nodes of the pelvis are treated prophylactically. But this treatment is done with radiotherapy instead of with surgery. Modern radiotherapy has minimal toxicity and presents less morbidity than LPLN. (JCOG0212) L157-L159 - "Neoadjuvant chemoradiotherapy (NACRT) was not administered at the participating institutions because it is uncertain whether this approach improves" Neoadjuvant chemoradiotherapy has shown benefit in survival. Although not in the reference included by you in paragraph. L199-L200 - "classified as "R0", and the other patients in whom R0 resection could not be achieved were classified as "R2". This grouping is losing much information. R2 is not the same because of local or metastatic disease. The information should be unbundled. Table 2 represents the variables associated with the 2 groups compared. Indeed they show that they are statistically similar. But clinically it has not been proven. There are missing key parameters to be able to say it. For example resectability criteria? Comorbidity? Response to chemotherapy? Etc. They can be different groups. Survival in this clinical situation marks more the metastatic disease than the local tumor. And the diversity of metastatic situations is great. At that level, the groups may not be balanced in terms of metastatic loading and location. L303-L304 "To date, the clinical significance of NACRT for stage IV low rectal cancer remains still unclear" There is no top-level evidence and probably never will be. There is consensus and results from series with long survivals. L310 - L312 "because systemic sites were overwhelmingly more common than pelvic recurrences after primary tumor resection" This happened before. With the new drugs, survival has increased considerably: There is a need to achieve local control, either radical or at least to avoid the great morbidity caused by the primary tumor in these patients. L 327 The main limitation: It is not known if the groups were well-balanced for the survival variables: resectability, chemotherapy and response. It is not known which patients were given chemotherapy. What kind, how many cycles? And its repercussion on survival. They should put it.



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PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Oncology

Manuscript NO: 34035

Title: Prophylactic lateral pelvic lymph node dissection in stage IV low rectal cancer (re-submit)

Reviewer's code: 02534290

Reviewer's country: Romania

Science editor: Jin-Xin Kong

Date sent for review: 2017-03-24

Date reviewed: 2017-04-14

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 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 checked="" 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

The article is good. Well designed study, detailed, correct statistical analysis, correct interpretation of results, important for clinical practice.



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http://www.wjgnet.com

PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Oncology

Manuscript NO: 34035

Title: Prophylactic lateral pelvic lymph node dissection in stage IV low rectal cancer (re-submit)

Reviewer's code: 00739752

Reviewer's country: Turkey

Science editor: Jin-Xin Kong

Date sent for review: 2017-03-24

Date reviewed: 2017-04-14

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COMMENTS TO AUTHORS

To assess the clinical significance of prophylactic lateral pelvic lymph node dissection is the first research in stage IV low rectal cancer. So, the article is acceptable to publish.