



PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

Manuscript NO: 36839

Title: Short-term and long-term outcomes following laparoscopic versus open surgery for pathological T4 colorectal cancer: 10 years of experience in a single center

Reviewer’s code: 02575643

Reviewer’s country: Italy

Science editor: Ke Chen

Date sent for review: 2017-10-29

Date reviewed: 2017-10-29

Review time: 1 Hour

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 checked="" 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 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"/> No	<input checked="" type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		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

Interesting paper. The negative aspect is that it is a retrospective analysis, with all the possibilities of biases, including a clear preference from the Authors to demonstrate that laparoscopic surgery is superior to conventional surgery for T4 colorectal cancers. The Authors excluded from their analysis low rectal cancers. They should explain why and which were the results in this subgroup of patients. In the discussion the Authors should underline clearly the possibility of biases from a retrospective analysis. I am concerned with the high number of patients with negative nodes. All together there were more than 30% of the patients with negative nodes. This is quite different from general statistics on colorectal cancer, when T4 cancers have a prevalence of lymph node involvement superior to 60%. This situation of high percentage of patients with negative nodes is casual or does it derive from a selection of the patients or to inadequate lymph node



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dissection and removal? This point should vbe addressed in the discussion. The Introduction is too long and it should be shortened. They report the series of patients with T4 colorectal cancer who had surgery. Probably it could be interesting to report several series in which open and laparoscopic surgery were used in T4 patients. Finally, the approach and technique they used in open and laparoscopic should be reported in detail (with figures) to have some possibilities to compare their data with other centres. One of the major problems in extrapoalting data from Asian countries to western countries is the size of the patients. It is very easy to perform, even very difficult surgery, in thiny asiatic patients. On the other hand the same operation can be very difficult in an obese or very athletic western man. The study is interesting and deserves publication.



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Name of journal: World Journal of Gastroenterology

Manuscript NO: 36839

Title: Short-term and long-term outcomes following laparoscopic versus open surgery for pathological T4 colorectal cancer: 10 years of experience in a single center

Reviewer's code: 02570566

Reviewer's country: South Korea

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Date sent for review: 2017-10-29

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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"/> [Y] Accept
<input type="checkbox"/> [Y] Grade B: Very good	<input type="checkbox"/> [Y] 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"/> [Y] 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 title of this manuscript is that the short-term and long-term outcomes following laparoscopic versus open surgery for pathological T4 colorectal cancer: 10 years of experience in a single center. In this study, the author retrospectively analyzed the short- and long-term outcomes of proven pathological T4 colorectal cancer patients from 2006 to 2015 in Guangdong General Hospital. The authors demonstrate that the laparoscopy is safely used in the treatment of Pt4 colorectal cancer while offering advantages of minimal invasiveness and faster recovery. Experiments are well designed and the manuscript is well written.



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Name of journal: World Journal of Gastroenterology

Manuscript NO: 36839

Title: Short-term and long-term outcomes following laparoscopic versus open surgery for pathological T4 colorectal cancer: 10 years of experience in a single center

Reviewer’s code: 02533764

Reviewer’s country: Japan

Science editor: Ke Chen

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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 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 checked="" 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 type="checkbox"/> No	

COMMENTS TO AUTHORS

The manuscript submitted by Yang et al., entitled “Short-term and long-term outcomes following laparoscopic versus open surgery for pathological T4 colorectal cancer: 10 years of experience in a single center” described feasibility of laparoscopic surgery for T4 colorectal cancer. It is one of the important issues and of interest. Major concerns exist to address. Major concern: 1. Figure 1 is not authors’ own figure. 2. Table 2 showed that resection length between laparoscopic and open group is statistically different. The reason why it has difference should be described. 3. Table 3 presented that pT4 stage between laparoscopic and open group is statistically different. It means that background of patients was different in both groups. Therefore, two groups could not be compared. Actually, Figure 3 and 4 indicated that laparoscopic group had a tendency toward better survival than open group. 4. Table 3 included HER2 status. This study is for colorectal



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cancer. Why was HER2 examined? 5. Table 5 and 6 demonstrated that CA19-9 is better marker for survival than CEA. In general, CEA is much better marker for colorectal cancer than CA19-9. Does Hazard Ratio of CEA 0.6 in Table 5 mean better survival? Authors should discuss with statistician.