Name of journal: World Journal of Clinical Oncology
Manuscript NO: 79384
Title: Circulating tumour DNA in gastrointestinal cancer in clinical practice: just a dream or maybe not?
Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed
Peer-review model: Single blind
Reviewer’s code: 06325500
Position: Peer Reviewer
Academic degree: PhD
Professional title: Academic Research
Reviewer’s Country/Territory: China
Author’s Country/Territory: Italy
Manuscript submission date: 2022-08-23
Reviewer chosen by: AI Technique
Reviewer accepted review: 2022-08-24 01:22
Reviewer performed review: 2022-08-26 02:05
Review time: 2 Days

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<th>Scientific quality</th>
<th>Grade A: Excellent</th>
<th>[Y] Grade B: Very good</th>
<th>[ ] Grade C: Good</th>
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<td>Conclusion</td>
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<td>[ ] Minor revision</td>
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Re-review: [Y] Yes  [ ] No
SPECIFIC COMMENTS TO AUTHORS
The letter to the Editor entitled “Circulating tumour DNA in gastrointestinal cancer in clinical practice: just a dream or maybe not?” describes some considerations of the potential role of circulating tumor DNA (ctDNA) in the management of gastric, biliary, liver, pancreatic and colorectal cancer. In my opinion, this manuscript can be published in current form.
PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Oncology

Manuscript NO: 79384

Title: Circulating tumour DNA in gastrointestinal cancer in clinical practice: just a dream or maybe not?

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer’s code: 05465381

Position: Peer Reviewer

Academic degree: MD

Professional title: Doctor

Reviewer’s Country/Territory: China

Author’s Country/Territory: Italy

Manuscript submission date: 2022-08-23

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-08-24 06:13

Reviewer performed review: 2022-08-30 18:49

Review time: 6 Days and 12 Hours

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SPECIFIC COMMENTS TO AUTHORS

Minor revisions: - revise the references: in the text, you cite 12 references but only give 11 in the reference list. Comment: ctDNA has not only shown to be more sensitive than CA 19-9, but also to be more sensitive than current gold standard radiological methods (computed tomography) in the display of actual tumor burden at staging (micro dissemination or advanced lymph node status) and restaging (relapse detection); see for example doi: 10.1016/j.ejso.2021.11.138 (12/21) and doi: 10.3389/fonc.2022.902177 (08/22)