



## PEER-REVIEW REPORT

**Name of journal:** *World Journal of Gastrointestinal Surgery*

**Manuscript NO:** 111138

**Title:** Impact of primary colorectal cancer site on surgical outcomes for liver metastases:  
A retrospective study

**Provenance and peer review:** Unsolicited manuscript; Externally peer reviewed

**Peer-review model:** Single blind

**Reviewer's code:** 08480066

**Position:** Peer Reviewer

**Academic degree and professional title:** PhD

**Reviewer's Country/Territory:** United Kingdom

**Author's Country/Territory:** China

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**Reviewer chosen by:** AI Editor

**Reviewer accepted review:** 2025-07-16 09:02

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<b>Content to be reviewed</b>	Does the manuscript's content fall within the scope of the journal? <b>Yes</b> Is there any Key Word that is not included in the manuscript title? <b>Yes</b> Do authors' affiliations correspond to the content of the manuscript? <b>Yes</b> Does the Abstract contain the contents of each part of the manuscript (IMRaD)? <b>Yes</b> Are the Key Words complete? <b>Yes</b>
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Is the content of the Introduction adequate? **Yes**

Is the description of the experiments clear and complete? **Yes**

Is the content of the Materials and Methods complete? **Yes**

Are the experimental data presented in the manuscript's biostatistics content reliable? **Yes**

Are the experimental data of the Results true and reliable? **Yes**

Are the quality and resolution of the images up to standard? **Yes**

Do the selection and design of the figures and tables follow the principles of necessity and clarity? **Yes**

Is there any duplication between various parts of the manuscript and between the main text and the content presented in the figures and tables? **No**

Are the figures and tables numbered consecutively in the order in which they appear in the manuscript? **Yes**

Is the content of the Discussion reasonable? **Yes**

Is the Conclusion reasonable? **Yes**

Are all references necessary and reasonable? **Yes**

Do authors omit important references? **No**

Are all references related to the topic of the manuscript? **Yes**

Do authors only cite their own earlier publications? **No**

Is the manuscript's text correct, concise, and clear? **Yes**

Will the manuscript's content be of interest to readers? **Yes**

Are additional experiments needed for the study? **No**

Does the research scope comply with ethics? **Yes**



Scientific quality	Grade B (Very good)
Novelty of this manuscript	Grade C (Good)
Creativity or innovation of this manuscript	Grade B (Very Good)
Scientific significance of the conclusion in this manuscript	Grade C (Good)
Language quality	Grade C (Good)
Does this manuscript describe a study of the existing knowledge system?	Yes
Does this manuscript report a revolutionary innovation?	No
Does this manuscript report an unconventional innovation?	No
Conclusion	Minor revision
Re-review	No
Peer-reviewer statements	Peer-Review: Anonymous
	Conflicts-of-Interest: No
Are your review comments generated by AI tools?	No

### SPECIFIC COMMENTS TO AUTHORS

This is timely, given the growing recognition of primary tumor location as a prognostic factor in CRC. The findings align with emerging evidence that right-sided colon cancer (RSCC) is biologically distinct, with worse outcomes due to molecular features (e.g., microsatellite instability, BRAF mutations). The study reinforces the need for site-specific management. The inclusion of 178 patients over a 10-year period provides adequate statistical power for subgroup analyses. The cross-sectional design with clear inclusion/exclusion criteria minimizes selection bias. The authors evaluated a wide



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range of variables, including demographic, pathological (e.g., differentiation, nodal status), biochemical (D-dimer, albumin), and treatment-related factors (neoadjuvant therapy, surgical margins). This holistic approach strengthens the validity of the conclusions. The use of multivariate logistic regression to identify independent predictors of recurrence (e.g., RSCC, lymph node metastasis, D-dimer  $\geq 180$   $\mu\text{g/L}$ ) is methodologically rigorous. The forest plot (Figure 1) effectively visualizes effect sizes and confidence intervals. The study convincingly demonstrates that RSCC is associated with higher recurrence rates at 3, 6, and 12 months (55.68% vs. 26.14% for left-sided and 18.18% for rectal primaries). This supports the hypothesis that RSCC is more aggressive, possibly due to its embryological origin and molecular profile. The inclusion of D-dimer and albumin as prognostic markers is innovative. Elevated D-dimer (reflecting hypercoagulability) and hypoalbuminemia (indicating malnutrition/systemic inflammation) are understudied in CRC liver metastases but may guide adjuvant therapy decisions. The finding that ineffective/no neoadjuvant chemotherapy increases recurrence risk (OR=3.52) underscores the importance of optimizing preoperative treatment, particularly for RSCC. The tables and figures are well-designed and supplement the text effectively. Appropriate statistical tests (chi-square, t-tests, logistic regression) were used, and results are reported with P-values and confidence intervals, enhancing transparency. The discussion contextualizes the findings within existing literature, citing embryological (midgut vs. hindgut), anatomical (portal vs. systemic drainage), and molecular differences (e.g., microsatellite instability in RSCC). This strengthens the biological plausibility of the results. The authors correctly note that RSCC's poorer prognosis may stem from delayed diagnosis (due to nonspecific symptoms) and distinct molecular features (e.g., BRAF mutations, CIMP phenotype). This study makes a valuable contribution to the literature by demonstrating that primary CRC location significantly impacts liver metastasis resection outcomes.