



PEER-REVIEW REPORT

Name of journal: *World Journal of Gastrointestinal Oncology*

Manuscript NO: 110486

Title: Management of peritoneal metastases from colorectal cancer and small bowel adenocarcinoma in patients with inflammatory bowel disease

Provenance and peer review: Invited manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 08178026

Position: Peer Reviewer

Academic degree and professional title: MD, Professor, Senior Researcher

Reviewer's Country/Territory: United States

Author's Country/Territory: Greece

Manuscript submission date: 2025-06-06

Reviewer chosen by: AI Editor

Reviewer accepted review: 2025-06-09 16:39

Reviewer performed review: 2025-06-09 16:48

Review time: 1 Hour

Content to be reviewed	Does the manuscript's content fall within the scope of the journal? Yes Is there any Key Word that is not included in the manuscript title? Yes Do authors' affiliations correspond to the content of the manuscript? Yes Does the Abstract contain the contents of each part of the manuscript (IMRaD)? No Are the Key Words complete? No
-------------------------------	---



Baishideng Publishing Group

7041 Koll Center Parkway, Suite
160, Pleasanton, CA 94566, USA
Telephone: +1-925-399-1568
E-mail: office@baishideng.com
https://www.wjgnet.com

Is the content of the Introduction adequate? **Yes**

Is the content of the Materials and Methods complete?
Not Applicable

Is the description of the experiments clear and complete? **Not Applicable**

Are the experimental data presented in the manuscript's biostatistics content reliable? **Not Applicable**

Are the experimental data of the Results true and reliable? **Not Applicable**

Are the quality and resolution of the images up to standard? **Not Applicable**

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? **Yes**

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? **No**

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 C (Good)
Novelty of this manuscript	Grade C (Good)
Creativity or innovation of this manuscript	Grade C (Good)
Scientific significance of the conclusion in this manuscript	Grade C (Good)
Language quality	Grade D (Fair)
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?	Yes
Conclusion	Major revision
Re-review	Yes
Peer-reviewer statements	Peer-Review: Anonymous
	Conflicts-of-Interest: No
Are your review comments generated by AI tools?	

SPECIFIC COMMENTS TO AUTHORS

This manuscript tackles an important and under-explored intersection in oncology and gastroenterology: the management of peritoneal metastases (PM) in patients with inflammatory bowel disease (IBD). While the topic is of interest and clinical relevance, especially given the increasing use of cytoreductive surgery (CRS) and hyperthermic intraperitoneal chemotherapy (HIPEC), the current version of the manuscript does not meet the standards required for publication without substantial revision. My comments



below are intended to be constructive and precise, in the spirit of helping the authors strengthen their work.

Lack of Critical Synthesis

Although the manuscript offers a comprehensive summary of the literature, it often reads more like a detailed medical student review than a critical synthesis by experienced researchers. A review article should not only summarize studies but also evaluate their design, strengths, limitations, and clinical implications. For instance, the two studies referenced to compare IBD and non-IBD patients undergoing CRS/HIPEC are presented descriptively without discussing selection bias, sample size limitations, or methodological concerns that could influence interpretation. The authors should include a more nuanced critique of the existing evidence.

Originality and Contribution to the Field

The manuscript does not offer new hypotheses, frameworks, or proposals for clinical practice. While the topic is indeed niche and clinically valuable, the paper falls short in pushing the conversation forward. I encourage the authors to consider adding a section where they propose an algorithm for managing PM in IBD patients or a conceptual model that differentiates these patients from the general population. The conclusion should not merely summarize but outline a clear path for clinical innovation or research.

Redundancy and Structural Flow

Several parts of the manuscript, especially the “Management and Treatment” and “Discussion” sections, include repetitive statements that could be condensed. For example, the fact that only two studies exist on CRS/HIPEC in IBD patients is mentioned at least four times. Transitions between sections are abrupt, and some paragraphs begin without a topic sentence. The flow would be improved by clearer transitions and more intentional structuring of arguments.

Abstract and Keywords



**Baishideng
Publishing
Group**

7041 Koll Center Parkway, Suite
160, Pleasanton, CA 94566, USA
Telephone: +1-925-399-1568
E-mail: office@baishideng.com
https://www.wjgnet.com

The abstract is vague and does not reflect the structure or depth of the manuscript. The IMRaD elements are not clearly addressed, and the main findings are not concisely stated. The authors should rewrite the abstract to explicitly include aims, methods, key findings, and conclusions. Also, keywords are incomplete. Terms such as “HIPEC,” “CRS,” or “surveillance” are notably absent and should be included.

Language and Style

Despite the editing certificate provided, there are numerous grammatical errors, awkward phrasings, and unclear sentences throughout the manuscript. Phrases like “outcomes remain poorly,” or “prior surgeries and inflammatory tissue changes,” are unclear and should be revised. The tone occasionally shifts from academic to colloquial, which detracts from the overall professionalism of the work.

Tables and Figures

While the manuscript contains three useful tables comparing outcomes between IBD and non-IBD cohorts, these are not effectively integrated into the text. The authors must refer to the tables more directly in the body of the manuscript and provide interpretation of their significance. Furthermore, tables lack footnotes explaining abbreviations (e.g., PCI, CC-0) and should indicate statistical significance where applicable.

References and Citations

The references are comprehensive and mostly appropriate. However, a few newer studies could have been included to update the discussion, especially in relation to imaging modalities and biomarker development. Additionally, citations are sometimes used in bulk to support broad claims without detailed engagement with the content of the referenced works.

In conclusion, while the manuscript touches on an important clinical problem with limited current guidance, it is currently not publication-ready. A major revision is needed to improve scientific depth, analytical sharpness, writing quality, and originality



**Baishideng
Publishing
Group**

7041 Koll Center Parkway, Suite
160, Pleasanton, CA 94566, USA
Telephone: +1-925-399-1568
E-mail: office@baishideng.com
https://www.wjgnet.com

of thought. I strongly encourage the authors to focus on developing a critical, rather than merely descriptive, review that can truly contribute to advancing clinical care for this high-risk patient population.