



**PEER-REVIEW REPORT**

**Name of journal:** World Journal of Gastroenterology

**Manuscript NO:** 54050

**Title:** Selective lateral lymph node dissection after neoadjuvant chemoradiotherapy in rectal cancer

**Reviewer's code:** 04761856

**Position:** Peer Reviewer

**Academic degree:** MD, MSc

**Professional title:** Assistant Professor

**Reviewer's Country/Territory:** South Korea

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

**Manuscript submission date:** 2020-01-07

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2020-01-07 05:56

**Reviewer performed review:** 2020-01-07 12:09

**Review time:** 6 Hours

SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION	RE-REVIEW	PEER-REVIEWER STATEMENTS
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	<input type="checkbox"/> Accept (High priority)	<input type="checkbox"/> Yes	Peer-Review:
<input type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> Accept (General priority)	<input type="checkbox"/> No	<input type="checkbox"/> Anonymous
<input type="checkbox"/> Grade C: Good	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Minor revision		<input type="checkbox"/> Onymous
<input checked="" type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejection	<input type="checkbox"/> Major revision		Peer-reviewer's expertise on the topic of the manuscript:
<input type="checkbox"/> Grade E: Do not publish		<input type="checkbox"/> Rejection		<input type="checkbox"/> Advanced
				<input type="checkbox"/> General
				<input type="checkbox"/> No expertise
				Conflicts-of-Interest:



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[ ] Yes

[ Y] No

#### **SPECIFIC COMMENTS TO AUTHORS**

This article is fairly well written with an interesting subject. Clinical experiences which this study based on seem valuable. However, contexts are generally too conclusive without suitable logic rationales, yielding several major issues to be solved. I can assume that the affiliation where authors work is a well-established one, and the skills and affections of surgeon are both quite strong. But I suggest that authors should be objective and discreet in academic field although they have excellent clinical experience and authorities. Major revisions Materials and method Statistics: "p<0.20 was considered to be significant." => I know that p-value based binary decisions should be careful especially for the studies with small case numbers. But I have never seen such approach, that consider significant p-value as <0.20 and proceed to do multivariate analysis. Well, if the authors mentioned p <0.1, I might have understand. But p <0.2 sounds strange. It somewhat looks like the authors choose the statistical method for your intended conclusion. Please explain sufficiently. Results "there were no grade IV or grade V postoperative complications." => You must investigate about complications in much more detail. This study is dealing with more intense surgery than that is commonly regarded as a standard. Intense therapy surely causes oncologic efficacy, but also worse complications. Standard treatment, including OP, CTx, RTx, is the treatment established in an optimized point between excessive complication and the best outcome. Grade 4 or



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5 complications are extremely serious complication. At least the authors should investigate grade 3 complication rates, and also state which method you use for investigation (e.g. CTCAE). Discussion "If these pathological metastases had not been removed by LLND they may subsequently lead to local recurrence and eventually mortality." => Are you sure? How can you say so conclusive? If you want to say like this, you need at least some references. Considering experiences as a clinical oncologist myself and academic evidences, 4 weeks interval after CCRT is established for adequate healing and to avoid delayed surgery, but not because the effect of CCRT is terminated within 4 weeks. Extrapolating from liver neoplasm, tumor response rate continued to rise until 1 year in recent studies after locoregional treatment including RTx. Hence, pathologically positive LNs after CCRT and surgery do not mean that will surely progress even to death. Of note, in your study, the pathologically positive LN rates were similar between patients underwent CCRT and no CCRT (41.3% vs 34.6%); however, we all know that adjuvant CCRT surely help the overall oncologic outcome, probably because they can control subclinical disease. Please deeply consider this advice and how can you upgrade your contexts throughout the manuscript. "In the 2-year follow up period, 2 (2.2%) patients developed local recurrence. Thus, our results suggest that there is an oncological benefit when performing LLND for patients with clinically suspected LLN metastasis after preoperative CRT. In addition, in the present study, after LLND 80.9% patients did not have systemic recurrence. Therefore, we believe that LLN metastasis can be regarded as locoregional disease rather than a systemic disease." => I can assume that you are quite confident about the oncologic outcome of your affiliation. Since this is an observational study, you should compare your oncologic outcomes with other comparative studies. You cannot conclude only with showing your excellent results. The whole paragraph "The performance of TME and LLND dates back to the 1970s when it was associated with favorable oncological results~": this paragraph



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should be adjusted. After further investigating the complication among your patients, please adjust the context by showing your result and compare with other studies quantitatively. The current paragraph is just a list of barely related studies. Minor revisions Abstract, background: wildly => widely Abstract, results: "TME and LLND was performed in patients who underwent NCRT with short axis (SA) of the lateral lymph node greater than 5mm and in patients without NCRT of the lateral lymph node SA greater than 10mm." => Difficult to understand meaning and structure of sentence. Please clarify. Introduction: "National Cancer Center is the largest colorectal cancer treatment hospital in China and data from 89 consecutive patients" => Do you really need to say that you are working in 'the largest hospital'? It seems like a newspaper article, but not a scientific one. What does it mean for your academic result? It can probably make many reviewers feel negatively, that the authors can be overly conclusive having too much pride. Remove it or, if you still want to say that, prove it (e.g. annual number of cases, admission capacity...) Materials and method Patients: "(the short axis of the lymph node in the NCRT patient  $\geq 5\text{mm}$  or  $\geq 10\text{mm}$  without NCRT)." => is it grammatically correct? Treatment strategy: "For the most part, patients received a short-course radiotherapy for a total dose of 25Gy or received 5-fluorouracil-based NCRT, with a total dose of 45Gy or 50.4Gy before surgery." => what do you mean by, 'for the most part'? Please clarify. Treatment strategy: "For patients without NCRT, if the lateral swollen lymph nodes with a SA  $\geq 10\text{mm}$ , TME plus LLND would be performed." => Why those patients did not undergo NCRT? Discussion "we suggest routine LLND should be performed for patients with LLN short axis diameter greater than 5mm after NCRT." => too conclusive. Please reconsider after revision. "Next, the rectal cancer patients received either short-course or long-course radiotherapy, this might cause heterogeneity in the pathological outcomes of the lateral lymph nodes." => You only have 3 patients who underwent short CCRT. This small heterogeneity does not seem to



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be a limitation. Conclusion Please re-write conclusion after performed all the other revisions. English editing: I recommend a round of formal English editing by professional English editors. There are some errors, though not so many, and sentences difficult to be understood. By the way, Dr. Jun Yu graduated Gannan Univ. in China and achieved PhD degree in Japan. Is he a native English speaker?

#### **INITIAL REVIEW OF THE MANUSCRIPT**

##### ***Google Search:***

- The same title
- Duplicate publication
- Plagiarism
- No

##### ***BPG Search:***

- The same title
- Duplicate publication
- Plagiarism
- No



**PEER-REVIEW REPORT**

**Name of journal:** World Journal of Gastroenterology

**Manuscript NO:** 54050

**Title:** Selective lateral lymph node dissection after neoadjuvant chemoradiotherapy in rectal cancer

**Reviewer's code:** 03664520

**Position:** Peer Reviewer

**Academic degree:** MD

**Professional title:** Research Fellow, Surgeon

**Reviewer's Country/Territory:** Italy

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

**Manuscript submission date:** 2020-01-07

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2020-01-07 06:50

**Reviewer performed review:** 2020-01-16 22:06

**Review time:** 9 Days and 15 Hours

SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION	RE-REVIEW	PEER-REVIEWER STATEMENTS
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	<input type="checkbox"/> Accept (High priority)	<input type="checkbox"/> Yes	Peer-Review:
<input type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> Accept (General priority)	<input type="checkbox"/> No	<input type="checkbox"/> Anonymous
<input checked="" type="checkbox"/> Grade C: Good	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Minor revision		<input type="checkbox"/> Onymous
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejection	<input type="checkbox"/> Major revision		Peer-reviewer's expertise on the topic of the manuscript:
<input type="checkbox"/> Grade E: Do not publish		<input type="checkbox"/> Rejection		<input type="checkbox"/> Advanced
				<input type="checkbox"/> General
				<input type="checkbox"/> No expertise
				Conflicts-of-Interest:



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Yes

No

#### **SPECIFIC COMMENTS TO AUTHORS**

This manuscript deals with an hot topic in rectal cancer treatment. It endorses a more aggressive surgical treatment when dealing with locally advanced mid and low rectal cancer. Nevertheless some issues should be addressed: Better define lateral lymph node dissection in the introduction. Please better define the methods: is it a retrospective observational study? If so, what for do patients had to sign a specific informed consent? If instead it was a prospective interventional study the CONSORT 2010 Statement should be applied instead of the STROBE statement. Why 26 patients with T3/4 or N1/2 were treated with TME plus LLND directly without receiving any NCRT ? Some results are reported referring to the 89 patients treated with LLND, some referring to the 63 patients that received NCRT. This confuses the interpretation of data. In the analysis of risk factors related to LLN metastasis after NCRT, the 3 patients who received a short course RT should be separated. The authors should better analyze the impact of NCRT on LLN metastasis by comparing the results of the two groups that received LLND: with or without NCRT. "In the 2-year follow up period, 2 (2.2%) patients developed local recurrence. Thus, our results suggest that there is an oncological benefit when performing LLND" Oncological benefit compared to what other data? "In addition, in the present study, after LLND 80.9% patients did not have systemic recurrence. Therefore, we believe that LLN metastasis can be regarded as



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locoregional disease rather than a systemic disease." The follow up is too short to make this conclusion.

#### **INITIAL REVIEW OF THE MANUSCRIPT**

##### ***Google Search:***

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- Duplicate publication
- Plagiarism
- No

##### ***BPG Search:***

- The same title
- Duplicate publication
- Plagiarism
- No





**PEER-REVIEW REPORT**

**Name of journal:** World Journal of Gastroenterology

**Manuscript NO:** 54050

**Title:** Selective lateral lymph node dissection after neoadjuvant chemoradiotherapy in rectal cancer

**Reviewer's code:** 03036434

**Position:** Peer Reviewer

**Academic degree:** MD, PhD

**Professional title:** Associate Professor

**Reviewer's Country/Territory:** Italy

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

**Manuscript submission date:** 2020-01-07

**Reviewer chosen by:** Jie Wang

**Reviewer accepted review:** 2020-01-15 12:01

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**Review time:** 6 Days and 7 Hours

SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION	RE-REVIEW	PEER-REVIEWER STATEMENTS
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	<input type="checkbox"/> Accept (High priority)	<input type="checkbox"/> Yes	Peer-Review:
<input type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> Accept (General priority)	<input type="checkbox"/> No	<input type="checkbox"/> Anonymous
<input type="checkbox"/> Grade C: Good	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Minor revision		<input type="checkbox"/> Onymous
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejection	<input type="checkbox"/> Major revision		Peer-reviewer's expertise on the topic of the manuscript:
<input type="checkbox"/> Grade E: Do not publish		<input type="checkbox"/> Rejection		<input type="checkbox"/> Advanced
				<input type="checkbox"/> General
				<input type="checkbox"/> No expertise
				Conflicts-of-Interest:



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Yes

No

#### **SPECIFIC COMMENTS TO AUTHORS**

Thank you very much for giving me the opportunity to review and enjoy your manuscript. This is a single center retrospective study conducted in an high volume cancer center addressing an hot controversial topic : TME + LLND in mid and low rectal cancer. There are two strategy in WEst Countries and in East Countries especially in Korea and Japan. This paper contribute to present a balanced honestly results indicating selection creteria fo LLND.

#### **INITIAL REVIEW OF THE MANUSCRIPT**

##### ***Google Search:***

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Plagiarism

No

##### ***BPG Search:***

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Duplicate publication

Plagiarism



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[Y] No



**RE-REVIEW REPORT OF REVISED MANUSCRIPT**

**Name of journal:** World Journal of Gastroenterology

**Manuscript NO:** 54050

**Title:** Selective lateral lymph node dissection after neoadjuvant chemoradiotherapy in rectal cancer

**Reviewer's code:** 04761856

**Position:** Peer Reviewer

**Academic degree:** MD, MSc

**Professional title:** Assistant Professor

**Reviewer's Country/Territory:** South Korea

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

**Manuscript submission date:** 2020-01-07

**Reviewer chosen by:** Ying Dou

**Reviewer accepted review:** 2020-03-31 08:05

**Reviewer performed review:** 2020-03-31 09:20

**Review time:** 1 Hour

SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION	PEER-REVIEWER STATEMENTS
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	<input type="checkbox"/> Accept	Peer-Review:
<input type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language	(High priority)	<input checked="" type="checkbox"/> Anonymous
<input type="checkbox"/> Grade C: Good	polishing	<input type="checkbox"/> Accept	<input type="checkbox"/> Onymous
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of	(General priority)	Peer-reviewer's expertise on the
<input checked="" type="checkbox"/> Grade E: Do not	language polishing	<input type="checkbox"/> Minor revision	topic of the manuscript:
publish	<input type="checkbox"/> Grade D: Rejection	<input checked="" type="checkbox"/> Major revision	<input checked="" type="checkbox"/> Advanced
		<input type="checkbox"/> Rejection	<input type="checkbox"/> General
			<input type="checkbox"/> No expertise
			Conflicts-of-Interest:
			<input type="checkbox"/> Yes
			<input checked="" type="checkbox"/> No



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## **SPECIFIC COMMENTS TO AUTHORS**

Well, authors might be disappointed to had revisions which need quite some efforts, but I am also disappointed to receive your revision answers. I have been doing this revision work without any payment or outcomes in my busy schedule. But the authors only did revisions which need minimal efforts, and did not emphasized on major revisions which need time and efforts. Major rev 2. This is the most important revision among my list, but you almost did nothing. What do you mean by, highlighting "Clavien-Dindo classification"? I asked you to re-assess complication including at least grade III, not only grade IV or V. Clavien Dindo classification also has grade III. Worse thing is, that the reference you added for Clavien Dindo classification is not an exact one (can you find complication table or scale in that manuscript?) This revision should be properly done again. Adding a complication table is **STRONGLY** recommended. Major rev 4. Do you really think this revision is solved? I told you that "adjust the context by **SHOWING YOUR RESULT and COMPARE** with other studies quantitatively. " please **DO THAT as INDICATED**. In direct words, your revision answer seems effortless and might be completed in less than an hour. I have never seen that revision answer is shorter than revision query itself. As I am telling you again, your study is talking about the more rigorous surgical method than current standard. Hence, comprehensive review of complication is **CRUCIAL**. This time I submit major revision once again, considering that you are writing manuscript in a busy schedule as a clinical. However, I will submit rejection if the suggestions are not suitable done in next revision again.

## **INITIAL REVIEW OF THE MANUSCRIPT**

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Duplicate publication

Plagiarism

Y ] No

***BPG Search:***

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Duplicate publication

Plagiarism

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