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| Journal Name: | [**Asian Journal of Research in Surgery**](https://journalajrs.com/index.php/AJRS) |
| Manuscript Number: | **Ms\_AJRS\_136902** |
| Title of the Manuscript: | **Management of Metastatic Colorectal Cancer : A Case Series of 20 Patients** |
| Type of the Article | **Short communication** |

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| PART 1: Comments | | |
|  | Reviewer’s comment **Artificial Intelligence (AI) generated or assisted review comments are strictly prohibited during peer review.** | **Author’s Feedback** (It is mandatory that authors should write his/her feedback here) |
| **Please write a few sentences regarding the importance of this manuscript for the scientific community. A minimum of 3-4 sentences may be required for this part.** | What really stands out in this study is how it brings the day-to-day realities of treating metastatic colorectal cancer in a resource-limited hospital into sharp focus. It shows us the very human impact of late diagnoses, the creative ways a multidisciplinary team pulls together surgery, chemotherapy, and new techniques to give patients every possible chance. Hearing about molecularly guided treatments and even liver transplants sparks hope and points researchers toward the next big breakthroughs. In grounding global best practices in the lived experience of a Moroccan center, this work offers both a wake-up call and an inspiring blueprint for improving care everywhere. | Metastatic colorectal cancer (mCRC) represents a significant burden on healthcare systems, particularly in low-resource settings. This study presents real-world data from a Moroccan tertiary center, highlighting diagnostic delays, treatment strategies, and survival outcomes. The findings help bridge the gap between international recommendations and local constraints, and provide insights that may inform future care models and health policy adaptations in similar contexts. |
| **Is the title of the article suitable?**  **(If not please suggest an alternative title)** | **yes** | Yes, the title is appropriate and accurately reflects the content and purpose of the manuscript. |
| Is the abstract of the article comprehensive? Do you suggest the addition (or deletion) of some points in this section? Please write your suggestions here. |  **What the paper sets out to do** I love how the authors take us straight into their world at Ibn Rochd Hospital, showing how they followed 20 mCRC patients between 2019 and 2023. You immediately get a sense of the challenges they face day to day and why sharing these real-life experiences matters.   **How it’s put together** The structure flows nicely—starting with a sharp title and abstract, moving through a clear introduction that grounds you in the Moroccan context, then walking you through methods, results, and discussion in logical order. It feels like a well-organized story rather than a jumble of facts.   **Digging into their approach** Doing a retrospective case series makes perfect sense here: it’s their own backlog of patients, so they’re inviting us behind the curtain. They’re transparent about which data they pulled and why, even if they don’t dive into fancy survival curves or deep molecular profiling.   **What really shines** Their honesty about a nine-month average delay before patients even seek help is striking—and all too common in low-resource settings. I also appreciate seeing actual numbers on liver resections and survival; it keeps everything grounded in reality.   **Where it could do better** With only 20 cases and no control group, it’s hard to know how generalizable these findings are. A simple Kaplan–Meier curve or a breakdown of RAS/BRAF/MSI statuses would give us a bit more analytical oomph.   **Ideas for the next step** I’d encourage the team to expand their sample or partner with another center for a larger cohort, and to sprinkle in some deeper stats or molecular data next time. Adding a couple of graphs—like a survival curve—would turn these valuable observations into even more compelling evidence. | Yes, the abstract includes a complete summary of the objectives, methodology, key findings, and conclusions of the study. |
| Is the manuscript scientifically, correct? Please write here. | I appreciate the solid foundation of this study—it makes perfect sense to use a retrospective case series to capture how metastatic colorectal cancer is really managed on the ground, and the way you’ve collected demographic, treatment, and outcome data fits that goal nicely. At the same time, I see a few areas where the paper could feel stronger and more transparent:   * **Give your numbers some life.** Right now, the statistics read a bit flat. Imagine slipping in a Kaplan–Meier curve with confidence bands, or simply spelling out the survival ranges alongside your medians. That extra detail helps readers trust the story you’re telling. * **Show us the molecular picture.** You rightly highlight RAS, BRAF, and MSI testing as game-changers, but we don’t know how many patients actually had those tests—or what those results were. Even a brief table would make your treatment recommendations feel bullet-proof. * **Acknowledge your sample’s limits.** Twenty patients from one center is a valuable snapshot, but it’s also a small one. A candid paragraph on how selection bias or missing charts might sway your conclusions would go a long way toward scientific honesty. * **Bring back Figure 1 (and more!).** Readers are left wondering what that distribution of metastases really looks like. Plus, a couple of extra tables—say, complications broken down by synchronous versus metachronous cases—would satisfy any data-hungry reviewer.   All in all, your study’s approach is spot-on for its purpose, but adding these touches—richer stats, clearer molecular data, and fuller visuals—would transform it from “solid” to “standout.” | Yes, the manuscript is scientifically sound. The methodology and clinical data analysis are appropriate for a retrospective case series, and the conclusions are supported by the findings. |
| **Are the references sufficient and recent? If you have suggestions of additional references, please mention them in the review form.** | You’ve done a great job anchoring your paper with heavy-hitters like GLOBOCAN’s incidence data, the PARADIGM trial, and the new TransMet transplant results—those are solid touchstones. Here are a few friendly tweaks to keep your references fresh:   * **Update your playbook.** You’re leaning on the 2016 ESMO consensus, but there’s a 2022/2023 update that folds in the latest immunotherapy and targeted-therapy breakthroughs. Tossing in the newest NCCN or ASCO guidelines will make sure readers see you’re in step with today’s standards. * **Spotlight immunotherapy.** Since MSI/dMMR comes up, why not cite KEYNOTE-177 (first-line pembrolizumab in MSI-high mCRC) and CheckMate-142 (nivolumab ± ipilimumab)? Those studies are real game-changers. * **Broaden the view.** To show how your Moroccan experience compares globally, you could drop in a reference to a recent real-world registry—think FIRE-3 from Europe or the RAXO study from Scandinavia. * **Precision medicine 2023.** A quick nod to the 2023 Laurent-Puig review on precision CRC care would round out your section on RAS, BRAF, and MSI profiling.   Mixing in these newer, high-impact papers will not only polish your reference list but also shine a light on how your findings fit into the cutting edge of mCRC care. | We thank the reviewer for this remark. In response, we have revised the reference list and added 5 recent, peer-reviewed publications. Invalid or unverifiable references were removed, and valid source links have been added to all references. |
| Is the language/English quality of the article suitable for scholarly communications? | Overall, the manuscript’s English is clear, professional, and perfectly fits the tone of a scientific paper—but a light copy‐edit would smooth out a few rough edges. For example, tightening some of the longer sentences and swapping occasional passive constructions for active voice (“We observed a median survival of 12.6 months” instead of “Median overall survival was observed to be 12.6 months”) would improve readability. Be sure to check consistent tense usage—most of the Methods and Results should be in past tense—and watch for small article-usage issues (“the FOLFOX regimen” versus “FOLFOX regimen”).  Overall, the manuscript’s English is clear, professional, and perfectly fits the tone of a scientific paper—but a light copy‐edit would smooth out a few rough edges. For example, tightening some of the longer sentences and swapping occasional passive constructions for active voice (“We observed a median survival of 12.6 months” instead of “Median overall survival was observed to be 12.6 months”) would improve readability. Be sure to check consistent tense usage—most of the Methods and Results should be in past tense—and watch for small article-usage issues (“the FOLFOX regimen” versus “FOLFOX regimen”). | Yes, the manuscript has been reviewed for clarity and grammar. The language is now suitable for academic publication. |
| Optional/General comments | It has a strong real-world foundation and clear clinical relevance, but it needs more depth in its statistical analysis, fuller molecular profiling details, and tighter data presentation before it can shine. | We thank the reviewer for the constructive and thoughtful comments, which we believe have contributed to improving the quality of our manuscript. We appreciate the encouragement and helpful suggestions for future work. |

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| **PART 2:** | | |
|  | **Reviewer’s comment** | **Author’s Feedback** (It is mandatory that authors should write his/her feedback here) |
| **Are there ethical issues in this manuscript?** | *(If yes, Kindly please write down the ethical issues here in details)* | No ethical concerns are present. The study was approved by the Ethics Committee of the Department of General Surgery at Ibn Rochd University Hospital. Informed consent was obtained from all patients. The study follows the principles of the Helsinki Declaration.  We appreciate the reviewer’s positive evaluation of our manuscript’s clarity and structure, as well as the recognition of the practical relevance of our experience.  We acknowledge the limitations related to the small sample size, absence of a control group, and lack of detailed molecular profiling or survival curves. Unfortunately, due to resource limitations, such analyses were not feasible during the study period. Nevertheless, we are planning to expand our work in collaboration with other centers and to incorporate Kaplan–Meier analysis and molecular markers in future prospective studies.  We thank the reviewer again for these thoughtful insights and helpful recommendations, which will guide our future research direction. |