

Personalizing first-line treatment in advanced colorectal cancer: current status and future perspectives

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Journal of Clinical and Translational Research

Dear Dr. Sotelo ,

Reviewers have now commented on your paper. You will see that they are advising that you revise your manuscript. If you are prepared to undertake the work required, I would be pleased to reconsider my decision.

For your guidance, reviewers' comments are appended below.

If you decide to revise the work, please submit a list of changes or a rebuttal against each point which is being raised when you submit the revised manuscript. Also, please ensure that the track changes function is switched on when implementing the revisions. This enables the reviewers to rapidly verify all changes made.

Your revision is due by Oct 14, 2021.

To submit a revision, go to <https://www.editorialmanager.com/jctres/> and log in as an Author.

You will see a menu item call Submission Needing Revision. You will find your submission record there.

Yours sincerely

Michal Heger
Editor-in-Chief
Journal of Clinical and Translational Research

Reviewers' comments:

Reviewer #1: Introduction: "colorectal cancer caused 576,858 deaths in 2020".- correction: 935 173 (GLOBOCAN 2020)
https://gco.iarc.fr/today/online-analysis-multi-bars?v=2020&mode=cancer&mode_population=countries&population=900&populations=900&key=total&sex=0&cancer=39&type=0&statistic=5&prevalence=0&population_group=0&ages_group%5B%5D=0&ages_group%5B%5D=17&nb_items=10&group_cancer=1&include_nmsc=0&include_nmsc_other=0&type_multiple=%257B%2522inc%2522%253Afalse%252C%2522mort%2522%253Atrue%252C%2522prev%2522%253Afalse%257D&orientation=horizontal&type_sort=1&type_nb_items=%257B%2522top%2522%253Atrue%252C%2522bottom%2522%253Afalse%257D

Reviewer #2: The authors present the article entitled "Personalizing first-line treatment in advanced colorectal cancer: current status and future perspectives", in which they review the role of biomarkers in the management of advanced colorectal cancer, highlighting the importance of knowing the molecular profile of each patient to select the best therapeutic option in the first-line. The manuscript includes a summary of the most important clinical trials in this setting, is well written and easy to understand, so it would be an interesting article for readers of the journal.

EDITOR: Although the current state and future therapeutic perspectives are very well detailed in this first line of treatment in advanced colorectal cancer, it would be useful to mention the chemotherapy regimens that can be combined with these new therapeutic alternatives: triplet regimen -such as FOLFIRINOX- or doublet therapy, in those selected patients for whom a more aggressive initial approach is chosen (eg, younger age, high tumor load, highly symptomatic disease, need for strong anatomic response to be considered for liver resection).

Also, please ensure that any residual grammar/spelling errors are eliminated in the revision.

Authors' response

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Lima, 12 October 2021

Re: revision JCTRes-D-21-00136

Dear Dr. Michal Heger

Thank you for giving us an opportunity to resubmit a revised version of our manuscript entitled "Personalizing first-line treatment in advanced colorectal cancer: current status and future perspectives." We have addressed all comments of the reviewers, highlighting the changes in yellow. Moreover, every modification or rebuttal of the reviewer's comments is detailed per comment below in red.

We are grateful for the useful comments of the reviewers, as a result of which the paper has been considerably improved.

On behalf of the authors, kindest regards,

Miguel J. Sotelo

REVIEWER COMMENTS

Reviewer #1:

Introduction: "colorectal cancer caused 576,858 deaths in 2020". - correction: 935 173 (GLOBOCAN 2020).

Changed accordingly, thank you.

Reviewer #2:

The authors present the article entitled "Personalizing first-line treatment in advanced colorectal cancer: current status and future perspectives", in which they review the role of biomarkers in the management of advanced colorectal cancer, highlighting the importance of knowing the molecular profile of each patient to select the best therapeutic option in the first-line. The manuscript includes a summary of the most important clinical trials in this setting, is well written and easy to understand, so it would be an interesting article for readers of the journal.

Thank you.

EDITOR:

1. Although the current state and future therapeutic perspectives are very well detailed in this first line of treatment in advanced colorectal cancer, it would be useful to mention the chemotherapy regimens that can be combined with these new therapeutic alternatives: triplet regimen -such as FOLFIRINOX- or doublet therapy, in those selected patients for whom a more aggressive initial approach is chosen (eg, younger age, high tumor load, highly symptomatic disease, need for strong anatomic response to be considered for liver resection).

Thank you. We have included a summary of chemotherapy regimens (doublet and triplet) that could be added to monoclonal antibodies.

“Fluoropyrimidines are a main part of the backbone of combination regimens in mCRC. Randomized clinical trials have shown that fluoropyrimidine-based combinations with oxaliplatin or irinotecan (FOLFOX, FOLFIRI or XELOX) in first-line significantly improve treatment efficacy, achieving a response rate of 34-55%, a time to progression of 7–8 months and a median overall survival of 14-21 months. The triple therapy with FOLFOXIRI has been compared with FOLFOX or FOLFIRI, demonstrating superiority for FOLFOXIRI in terms of efficacy outcomes, notably with a 25% survival and a 30% increase in response rate. However, because of a marked grade 3-4 toxicity, triple therapy is reserved for patients with mCRC with a good performance status, that are highly symptomatic and where the main therapy objective is response rate. In addition, in the past fifteen years, monoclonal antibodies have been added to first-line chemotherapy regimens in mCRC [68-71].

2. Ensure that any residual grammar/spelling errors are eliminated in the revision.

Thank you, we have revised the grammar/spelling of our article and the language has been polished.

2nd Editorial decision
12-Nov-2021

Ref.: Ms. No. JCTRes-D-21-00136R1
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Dear authors,

I am pleased to inform you that your manuscript has been accepted for publication in the Journal of Clinical and Translational Research.

You will receive the proofs of your article shortly, which we kindly ask you to thoroughly review for any errors.

Thank you for submitting your work to JCTR.

Kindest regards,

Michal Heger
Editor-in-Chief
Journal of Clinical and Translational Research

Comments from the editors and reviewers: