

## **Questions for Review of Manuscript "Does Patient Rurality Predict Quality Colon Cancer Care? A Population Based Study" by Chow et al**

1. Originality. Has the topic of rurality and colon cancer outcomes been successfully addressed in the published literature prior to this manuscript?
2. Methods. Results. Do the adjusted and unadjusted multivariate analyses performed in the present study contain contradicting results? If so, formulate an explanation.
3. Methods. Does the database used by the investigators contain information regarding the treatment location and surgeon/hospital volume to answer the primary question adequately? If not, please explain.
4. Methods/Results. Name three to five possible co-variates of rurality that could also help to explain worsened colon cancer outcomes and explain how accounting for these other factors may affect the conclusions of this manuscript.
5. Results/Discussion. Does the manuscript expand the literature on this topic?

## **Questions for Review of Manuscript "Risk factors for peritoneal recurrence in stage II-III colon cancer" by Mayanagi et al**

1. Abstract. Intro. Methods. Results. Discussion. Is this manuscript well written and achieves the intended goal efficiently?
2. Methods. Is the applicability of this study limited since fluoropyrimidine-based chemotherapy was used and not FOLFOX?
3. Methods. Results. Discussion. The authors suggest that a D3 lymphadenectomy may help prevent recurrent peritoneal carcinomatosis based on the study findings. Identify potential flaws in methodology that may account for these findings.
4. Results. Discussion. Should T4 disease be monitored differently in view of the higher risk for peritoneal carcinomatosis?
5. Results. Does the use of surveillance CT scans in this cohort help to identify presence of peritoneal carcinomatosis that is more amenable to salvage therapy?

Left-sided dominance of early-onset colorectal cancers: a rationale for screening flexible sigmoidoscopy in the young. Segev et al.

1. Patient demographics are often incomplete in retrospective studies. Are there certain demographic features that influence the incidence of colorectal cancer, and are these aspects reported in the current study? How would this affect the study recommendations?
2. Screening for a disease always represents a trade-off between procedural risk (to include false-positive findings) and future risk of developing the disease. Do the authors make a compelling argument for increased screening?
3. Aside from flexible sigmoidoscopy, what other methods may be employed for colorectal cancer screening? What are advantages and disadvantages to employing these measures in younger patients? Were these considered by the authors?
4. Along with individual patient risk from screening, what about population costs? Do the authors provide a number-needed-to-treat estimate? Are quality-adjusted life years or other productivity measures reported? How would increased screening be implemented in terms of providers?
5. Review the current USPSTF recommendations for colonoscopy and other screening methods. How do the proposed recommendations differ? What additional evidence (if any) is needed before the recommendations should be changed?

Survival benefit of Japanese extended lymphadenectomy (D3 lymphadenectomy) for clinically node-negative and node-positive colorectal cancers. Ouchi et al.

1. Describe the differences in surgical resection between the proposed D3 lymphadenectomy and the 'standard of care' practiced at most US medical centers. Compare and contrast this with other extended lymphadenectomy techniques, such as for gastric cancer.
2. Chemotherapy offers a marginal survival benefit for stage 3 and select stage 2 patients. Presumably, the improvement in survival is due to elimination of microscopic nodal implants that were not included in the surgical specimen. The current study accrued patients over 2 decades, and chemotherapy has changed significantly. Did the authors account for these changes?
3. Much has been written about obtaining at least 12 lymph nodes to avoid potential understaging. What factors influence lymph node yield? Does resection of more tissue improve staging simply by identifying more nodes?
4. Do the authors account for different biologic behaviors of colorectal cancers? Is 'cancer' a uniform disease, and should all cancers be treated identically in terms of surgical resection? What are the limitations for 'tailoring' surgical resection, similar to the efforts to individualize chemotherapy treatments?