ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Oncology
ESPS manuscript NO: 28001
Title: Cigarette smoking, dietary habits and genetic polymorphisms in GSTT1, GSTM1 and CYP1A1 metabolic genes: A case-control study in oncohematological diseases
Reviewer's code: 00505881
Reviewer's country: United States
Science editor: Fang-Fang Ji
Date sent for review: 2016-06-24 17:28
Date reviewed: 2016-07-06 02:21

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
[ ] Grade A: Excellent	[ ] Grade A: Priority publishing	Google Search:	[ ] Accept
[ ] Grade B: Very good	[Y] Grade B: Minor language polishing	[ ] The same title	[ ] High priority for publication
[Y] Grade C: Good	[ ] Grade C: A great deal of language polishing	[ ] Duplicate publication	[ ] Rejection
[ ] Grade D: Fair	[ ] Grade D: Rejected	[ ] Plagiarism	[Y] Minor revision
[ ] Grade E: Poor		[ ] No	[ ] Major revision
		BPG Search:	
		[ ] The same title	
		[ ] Duplicate publication	
		[ ] Plagiarism	
		[ ] No	

COMMENTS TO AUTHORS

This case study analyzed the association between oncohematological diseases and genetic polymorphisms in GSTT1, GSTM1 and CYP1A1, dietary habits and cigarette smoking, in an argentine hospital. Total 125 patients with oncohematological diseases and 310 control subjects involved.   Blood samples were analyzed for deletions in GSTT1 and GSTM1 by PCR, and CYP1A1 MspI polymorphism by PCR-RFLP. The results show that women had lower risk of disease compared to men; higher levels of education were significantly associated with an increased risk. None of the smoking categories associated with oncohematological diseases. Consumption of grilled/barbecued meat 3 or more times per month was associated with an increased risk of disease. Daily consumption of coffee also was associated with an increased risk. GSTT1, GSTM1 and CYP1A1 polymorphisms were not associated with oncohematological diseases. No interaction between polymorphisms and tobacco smoking or dietary habits modified disease risk. The study indicates an increased risk of oncohematological diseases associated with meat and coffee intake. Overall the manuscript was written in a clear and concise manner.

Minor Concerns:

1. References cited are not approximate, and the number should be substantially reduced.

We´ve reduced the total number of cited references.

2. Representatives of GSTT1, GSTM1 or CYP1A1 genotype assay should be presented.

We´ve added figures of gel runs for each analyzed gene (figure 1 for GSTT1 and M1, and figure 2 for CYP1A1).

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Oncology
ESPS manuscript NO: 28001
Title: Cigarette smoking, dietary habits and genetic polymorphisms in GSTT1, GSTM1 and CYP1A1 metabolic genes: A case-control study in oncohematological diseases
Reviewer's code: 02471365
Reviewer's country: United States
Science editor: Fang-Fang Ji
Date sent for review: 2016-06-24 17:28
Date reviewed: 2016-07-08 01:29

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
[ ] Grade A: Excellent	[Y] Grade A: Priority publishing	Google Search:	[ ] Accept
[Y] Grade B: Very good	[ ] Grade B: Minor language polishing	[ ] The same title	[ ] High priority for publication
[ ] Grade C: Good	[ ] Grade C: A great deal of language polishing	[ ] Duplicate publication	[ ] Rejection
[ ] Grade D: Fair	[ ] Grade D: Rejected	[ ] Plagiarism	[ ] Minor revision
[ ] Grade E: Poor		[ ] No	[Y] Major revision
		BPG Search:	
		[ ] The same title	
		[ ] Duplicate publication	
		[ ] Plagiarism	
		[ ] No	

COMMENTS TO AUTHORS

Overall, this study adds to the literature on this issue although the following details need to be addressed.

1. What were the response rates?

A sentence indicating the response rate for cases and controls were added to the text.

2. A better description of the controls is highly desirable. Please provide a frequency distribution of ICD diagnostic categories, if available.

As requested by the reviewer, more details about controls were added. Details about ICD information availability were added to the text, too.

3.Table 1, under the case heading and in the text, please provide the numbers for each type of hematologic malignancy.

Required data has been added to table 1 (n for each type of hematologic malignancy); details

already on text has been kept.

4. Table 3 lists the OR for all malignancies combined. The authors should also look at the risk associated with each of the major groups within the case category. Although the sample size will be small, it needs to be determined if the risks are the same across all groups so as to combine them in a single category. Otherwise it is possible that a real effect of a genotype or risk factor for a specific type of leukemia or lymphoma might be obscured. A separate table is not needed but the findings should be described.

Risk associated with each of the major groups within the case category was analyzed as requested by the reviewer. Obtain result has been added to the text (please, look at the main text below subtitle: *Tobacco, dietary habits and XMG polymorphisms*).

5. Was grilled meat/cans the only food items that were asked in this questionnaire. Were there other food items? If there were other foods that were assessed, this should be reported, even if the findings are null.

In the questionnaire it was only included grilled meat/cans as the only food and coffee and alcohol as the only beverage. A sentence explaining that has been added to the main text.

6. It should be noted in the discussion that the finding on barbecued meats could be due to misclassification or bias since the portion size was not assessed. Also, there are many types of meats and so recall bias may have affected the findings since there was a not a separate food frequency question for each type of meat. The authors should also note that the levels of the food born carcinogens such as HA and PAH vary between red and white meats, which this study was not able to differentiate.   **As requested by the reviewer, a new sentence has been added to the main text**

7. The coffee finding is interesting. Again it would be worthwhile to look more closely at coffee consumption among control diagnostic categories. For example, if some of the controls were patients with gastrointestinal problems, they may be abstaining from coffee, which would create a spurious odds ratio. These controls shpould be excluded from the analysis.

Control patients derived/transferred from the Gastroenterology Unit of the hospital were removed from the analysis, as well as control patients that were treated at that moment with gastric protectors or medication prescribed by other gastrointestinal problems. Using this new "control group" (19 observations were removed), the association between coffee consumption and oncohematological diseases remained statistically significant (OR = 1.01-3.02, p = 0.046).
In that regards, a more detailed explanation has been added to the main text.