

PEER-REVIEW REPORT

Name of journal: World Journal of Gastrointestinal Oncology

Manuscript NO: 35154

Title: Tumor-stroma ratio as prognostic factor for survival in rectal adenocarcinoma: A retrospective cohort study

Reviewer's code: 02551224

Reviewer's country: Italy

Science editor: Jin-Xin Kong

Date sent for review: 2017-07-14

Date reviewed: 2017-07-16

Review time: 2 Days

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input checked="" type="checkbox"/> Grade A: Priority publishing	Google Search:	<input checked="" type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input type="checkbox"/> High priority for publication
<input checked="" type="checkbox"/> Grade C: Good	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Duplicate publication	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input type="checkbox"/> Plagiarism	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input checked="" type="checkbox"/> No	<input type="checkbox"/> Major revision
		BPG Search:	
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

COMMENTS TO AUTHORS

Dear Authors, your manuscript on tumor-stroma ratio as prognostic factor in rectal adenocarcinoma has, as you honestly recognize, different weak points. Anyway, I think it can add some evidence to the already known utility of this index also in this type of tumours. Especially interesting and rather logical, I think, is its relevance in the subgroup of patients with negative lymph node metastases. I would suggest to accept the paper for publication.

PEER-REVIEW REPORT

Name of journal: World Journal of Gastrointestinal Oncology

Manuscript NO: 35154

Title: Tumor-stroma ratio as prognostic factor for survival in rectal adenocarcinoma: A retrospective cohort study

Reviewer's code: 02521495

Reviewer's country: Slovenia

Science editor: Jin-Xin Kong

Date sent for review: 2017-07-14

Date reviewed: 2017-07-20

Review time: 6 Days

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

COMMENTS TO AUTHORS

It is a a retropective study assessing the meaning od TS ratio as a prognostic factor in small sample size of rectal cancer patients. It is a well written article.

PEER-REVIEW REPORT

Name of journal: World Journal of Gastrointestinal Oncology

Manuscript NO: 35154

Title: Tumor-stroma ratio as prognostic factor for survival in rectal adenocarcinoma: A retrospective cohort study

Reviewer's code: 03003450

Reviewer's country: Italy

Science editor: Jin-Xin Kong

Date sent for review: 2017-07-14

Date reviewed: 2017-07-27

Review time: 13 Days

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

COMMENTS TO AUTHORS

This paper by Scheer and colleagues presents the results of a nice retrospective analysis of the prognostic effect of tumor-stroma ratio in a group of 154 clinically homogeneous rectal cancer patients. The study is well designed and clearly presented and the topic of high interest for oncologists that should decide after surgery what patients will benefit more from an adjuvant treatment I have some comments/ suggestions 1. What is the rational adopted to classify the TSR in the three categories proposed, and to choose those specific cut-off? It could be useful, according to the results shown in Fig 3, to pool together patients classified as "low" and "intermediate" TSR, since they look to have super imposable survival profiles. I would prefer to see all the patients included in one of the two categories (good vs bad prognosis) according to TSR. I would test this classification ("high" vs "low/intermediate") also in N0/ N+ subgroups of patients.

Otherwise it is not clear what should be the prognostic meaning of having a “low” TSR.
2. Could the analysis be stratified by adjuvant treatment (yes vs no) and “high” vs “low/intermediate” TSR to see if this marker could be also used as predictive of adjuvant treatment outcome?