PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

Manuscript NO: 47249

Title: Prognostic value of preoperative carcinoembryonic antigen/tumor size in rectal cancer

Reviewer's code: 00505467

Reviewer's country: Greece

Science editor: Ruo-Yu Ma

Reviewer accepted review: 2019-03-12 09:04

Reviewer performed review: 2019-03-18 04:41

Review time: 5 Days and 19 Hours

SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION	PEER-REVIEWER STATEMENTS
[ ] Grade A: Excellent	[ ] Grade A: Priority publishing	[ ] Accept (High priority)	Peer-Review:
[ ] Grade B: Very good	[Y] Grade B: Minor language polishing	[ ] Accept (General priority)	[Y] Anonymous
[Y] Grade C: Good	[ ] Grade C: A great deal of language polishing	[Y] Minor revision	[ ] Onymous
[ ] Grade D: Fair	[ ] Grade D: Rejection	[ ] Major revision	Peer-reviewer's expertise on the topic of the manuscript:
[ ] Grade E: Do not publish		[ ] Rejection	[Y] Advanced
			[ ] General
			[ ] No expertise
			Conflicts-of-Interest:
			[ ] Yes
			[Y] No

SPECIFIC COMMENTS TO AUTHORS

You should design a prospective large-scale study since you have validated the values in the training cohort. Additionally you should maintain a longer follow-up period for rectal cancer since 3-years are not adequate to have safe conclusions for DFS (disease free

survival and OS (overall survival), a fact considered as a bias when estimating Kaplan-Meier curves, and it is not refereed in the discussion section of this manuscript. You should probably have followed-up patients from 2012 further and not until 2016 as you present. I believe that this point should either be set as cut-off point in your study, but this might create a small sample size, or you should prolong the follow-up period, or present an adequate explanation in the discussion section of your manuscript. Your ideas are original and well-documented.

INITIAL REVIEW OF THE MANUSCRIPT

Google Search:

[   ] The same title

[   ] Duplicate publication

[   ] Plagiarism

[Y] No

BPG Search:

[   ] The same title

[   ] Duplicate publication

[   ] Plagiarism

[Y] No

PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

Manuscript NO: 47249

Title: Prognostic value of preoperative carcinoembryonic antigen/tumor size in rectal cancer

Reviewer's code: 03656272

Reviewer's country: Turkey

Science editor: Ruo-Yu Ma

Reviewer accepted review: 2019-03-12 04:02

Reviewer performed review: 2019-03-18 20:29

Review time: 6 Days and 16 Hours

SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION	PEER-REVIEWER STATEMENTS
[ ] Grade A: Excellent	[ ] Grade A: Priority publishing	[ ] Accept (High priority)	Peer-Review:
[ ] Grade B: Very good	[Y] Grade B: Minor language polishing	[ ] Accept (General priority)	[Y] Anonymous
[Y] Grade C: Good	[ ] Grade C: A great deal of language polishing	[ ] Minor revision	[ ] Onymous
[ ] Grade D: Fair	[ ] Grade D: Rejection	[Y] Major revision	Peer-reviewer's expertise on the topic of the manuscript:
[ ] Grade E: Do not publish		[ ] Rejection	[ ] Advanced
			[Y] General
			[ ] No expertise
			Conflicts-of-Interest:
			[ ] Yes
			[Y] No

SPECIFIC COMMENTS TO AUTHORS

The training and validation cohort couldn't be understood only by the abstract, what are the meanings of them? If those terms will be used, then you should make clear in the abstract. In introduction part; you should discuss why you need an adjustment by

using tumor size. In addition, you should add more references for this hypothesis. You should also discuss why you selected only rectum cancer and not colon cancers. In methods section, you don have to declare the number of patients, it should be present in "results" section. In methods section, it was still not understood why you study with two cohorts. Why did you use only "training cohort" for determining a cut of value? You excluded the patents history of neoadjuvant chemo, did you also exclude the ones who had neoadjuvant radiotherapy? What Was the selected diameter, radiological or pathological? In results section, The metholodology starting with "According to the univariate analysis, age, TNM stage, differentiation, lymphovascular invasion,…." Should be discussed in methods section. The discussion section should be revised and more information about the prognostic efficacy of lab workup should be added.

INITIAL REVIEW OF THE MANUSCRIPT

Google Search:

[   ] The same title

[   ] Duplicate publication

[   ] Plagiarism

[Y] No

BPG Search:

[   ] The same title

[   ] Duplicate publication

[   ] Plagiarism

[Y] No