



PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

Manuscript NO: 58981

Title: Nomograms and Risk factors score prediction models for predicting OS and DFS in rectal cancer with neoadjuvant therapy

Reviewer's code: 00071777

Position: Peer Reviewer

Academic degree: MD, PhD

Professional title: Associate Professor, Doctor, Surgeon

Reviewer's Country/Territory: Spain

Author's Country/Territory: China

Manuscript submission date: 2020-08-18

Reviewer chosen by: AI Technique

Reviewer accepted review: 2020-08-19 20:08

Reviewer performed review: 2020-08-20 16:08

Review time: 19 Hours

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input checked="" type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Language quality	<input type="checkbox"/> Grade A: Priority publishing <input checked="" type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
Conclusion	<input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input checked="" type="checkbox"/> Major revision <input type="checkbox"/> Rejection
Re-review	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Peer-reviewer statements	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No



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SPECIFIC COMMENTS TO AUTHORS

Overall, it is a retrospective review of preoperative and postoperative potential risk factors, trying to build a model for predicting survival in rectal cancer. The study has up to date references and it is an interesting topic because there is a growing interest in predictive markers of response to neoadjuvant therapies and prognostic factors trying to identify risk patients that will need adjuvant therapies. I have some suggestions:

Introduction: "Therefore, achieving a pCR is closely related to the need for follow-up treatment." What do you want to say? What is a follow-up treatment?

Methods:

Patients: all the characteristics are better placed in a table.

Therapy: "There are three chemotherapeutic regimens available following radiotherapy" Are you talking about adjuvant therapy? "The long-course regimen for radiotherapy comprised a total radiation dose from 45.0-50.5 Gy" Was chemotherapy delivered at the same time? Do you have any protocol to decide between short and long course radiotherapy? "All the patients received TME treatment approximately 2-60 weeks after NT based on the patients' physical condition." The interval range is different in table 1 in both groups.

Follow-up: "Clinical data was obtained from follow-up visits conducted by telephone or email. For each follow-up visit, a medical history was collected, and a complete physical examination was carried out." By phone, email... complete physical examination?

Results: 137 deaths out of 155 patients. How can you explain this high mortality in patients who underwent radical treatment in stage II and III rectal cancer? Disease recurrence cannot be considered a prognostic factor. "...the more positive lymph nodes that are harvested, the higher the survival rate becomes." How can you explain that issue?

Table 1: Too long and dense, you must divide data at least in two tables and organize clearer. There are several mistakes, ie: 9 patients M1, no stage IV patients..

Recurrences: local or distant Grammatical and syntax errors should be corrected.



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Title: Nomograms and Risk factors score prediction models for predicting OS and DFS in rectal cancer with neoadjuvant therapy

Reviewer's code: 02521495

Position: Peer Reviewer

Academic degree: MD, PhD

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Reviewer's Country/Territory: Slovenia

Author's Country/Territory: China

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SPECIFIC COMMENTS TO AUTHORS

High mortality rate and low compliance for adjuvant chemotherapy for patients with locally advanced rectal cancer remain a concern. In the era of treatment individualisation and the possibility of neoadjuvant therapy intensification, nomograms for survival can help clinicians to adopt therapy according to patient's individual risk. In the present retrospective cohort study on 220 patients the authors explored the prognostic value of risk factors on OS and DFS. Further, they build two nomograms and two risk factors prediction models to predict survival time and they also validated them. The article is well written, data clearly presented and sample size big enough to make relevant conclusions. I agree with the authors about the limitations to the study.