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PEER-REVIEW REPORT

Name of journal: World Journal of Gastrointestinal Oncology

Manuscript NO: 67764

Title: Effects of cognitive behavior therapy combined with Baduanjin in patients of

colorectal cancer

Reviewer's code: 06110606 Position: Peer Reviewer Academic degree: MD

Professional title: Doctor

Reviewer's Country/Territory: Germany

Author's Country/Territory: China

Manuscript submission date: 2021-06-10

Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-06-15 11:38

Reviewer performed review: 2021-06-21 10:12

Review time: 5 Days and 22 Hours

Scientific quality	[] Grade A: Excellent [Y] Grade B: Very good [] Grade C: Good [] Grade D: Fair [] Grade E: Do not publish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



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SPECIFIC COMMENTS TO AUTHORS

This study investigated the effects of cognitive behavior therapy (CBT) combined with bodybuilding Baduanjin exercise on CRF, cognitive impairment and quality of life in patients with colorectal cancer after chemotherapy, and to provide a theoretical basis and practical reference for rehabilitation of CRC after chemotherapy. The figures and tables help the readers to make a more understanding of the study. Compared with the control group, the experimental group had significant differences in cancer-related fatigue, P300 amplitude, quality of life score, P300 latency and cognitive function at 3 mo, and had significant differences in cancer-related fatigue, P300 amplitude, P300 latency, cognitive function and quality of life score were further improved in the experimental group at 6 mo. The figures and tables help the readers to make a more understanding of the study; however, some concerns have been noted including: 1. The format of references should be modified. 2. Please write the P value correctly in Tables.



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PEER-REVIEW REPORT

Name of journal: World Journal of Gastrointestinal Oncology

Manuscript NO: 67764

Title: Effects of cognitive behavior therapy combined with Baduanjin in patients of

colorectal cancer

Reviewer's code: 06110650 Position: Peer Reviewer Academic degree: MD

Professional title: Doctor

Reviewer's Country/Territory: New Zealand

Author's Country/Territory: China

Manuscript submission date: 2021-06-10

Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-06-15 11:39

Reviewer performed review: 2021-06-21 10:14

Review time: 5 Days and 22 Hours

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



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SPECIFIC COMMENTS TO AUTHORS

Dear Sir, I read with interest the manuscript entitled "The beneficial effects of CBT combined with Baduanjin in patients with CRC". The manuscript is well designed and written. The introduction gives a good overview about the topic and the procedures are precisely described. The results were well discussed. However, some issues have to be addressed: 1. The images and tables are relevant and informative, and the conclusion tries to provide a theoretical basis and practical reference for rehabilitation of CRC after chemotherapy. Editing and proofreading are needed to maintain the best sense of reading; 2. The discussion section is very general and should discuss the results of this present study more precisely; 3. and main issue: The number of participates is very low. In my opinion this is a controlled observational study. How many patients have been excluded in the past few years? why? Is it just because they refused this treatment, or are there other reasons?