



## PEER-REVIEW REPORT

**Name of journal:** *World Journal of Clinical Oncology*

**Manuscript NO:** 75681

**Title:** iCEMIGE: Integration of CELL-morphometrics, Microbiome, and GENE biomarker signatures for risk stratification in breast cancers

**Provenance and peer review:** Unsolicited manuscript; externally peer reviewed

**Peer-review model:** Single blind

**Reviewer's code:** 05868418

**Position:** Peer Reviewer

**Academic degree:** MD

**Professional title:** Doctor

**Reviewer's Country/Territory:** China

**Author's Country/Territory:** United States

**Manuscript submission date:** 2022-02-09

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2022-02-10 07:25

**Reviewer performed review:** 2022-02-11 01:29

**Review time:** 18 Hours

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 Grade E: Do not publish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



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<b>Peer-reviewer statements</b>	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**

1. “we designed a strategy to integrate multimodal data and investigated whether iCEMIGE improves risk stratification of breast cancer (BC) patients”. maybe your team had compared with other methods, accuracy of the new strategy? 2.why said “MRI is more likely (without guarantee) to mine model-specific representation with independent clinical value via a step-wise mechanism”, evidence? 3. If used in breast cancer patient, how long need each assessment? How much need each time? if you could used this method in patients, how many years your team would detect for each patent, maybe 5y, 10y?



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**Reviewer's code:** 05771662

**Position:** Peer Reviewer

**Academic degree:** MD

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**Reviewer's Country/Territory:** China

**Author's Country/Territory:** United States

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**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2022-02-16 00:41

**Reviewer performed review:** 2022-03-04 01:42

**Review time:** 16 Days and 1 Hour

<b>Scientific quality</b>	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
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#### **SPECIFIC COMMENTS TO AUTHORS**

1. The topic selection is novel and innovative, 2. The content is substantial, the pictures are rich, and the results are more reliable 3. Can the three indicators observed in the article (CELL-morphometrics, Microbiome, and Gene biomarker signatures) be explained.
4. Whether it can be combined with the molecular typing of breast cancer for further hierarchical analysis. The introduction of molecular typing of breast cancer is the basis for its diagnosis and treatment in breast cancer.