PEER-REVIEW REPORT

Name of journal: *World Journal of Gastrointestinal Surgery*

Manuscript NO: 89495

Title: Prognostic value of a nomogram model for postoperative liver metastasis of colon cancer

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 07916869

Position: Peer Reviewer

Academic degree: PhD

Professional title: Assistant Professor, Researcher

Reviewer's Country/Territory: France

Author's Country/Territory: China

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Reviewer chosen by: AI Technique

Reviewer accepted review: 2023-12-22 01:28

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Review time: 11 Days and 7 Hours

Scientific quality	[ ] Grade A: Excellent　[Y] Grade B: Very good　[ ] Grade C: Good [ ] Grade D: Fair　[ ] Grade E: Do not publish
Novelty of this manuscript	[ ] Grade A: Excellent　[Y] Grade B: Good　[ ] Grade C: Fair [ ] Grade D: No novelty
Creativity or innovation of this manuscript	[ ] Grade A: Excellent　[Y] Grade B: Good　[ ] Grade C: Fair [ ] Grade D: No creativity or innovation

Scientific significance of the conclusion in this manuscript	[ ] Grade A: Excellent [Y] Grade B: Good [ ] Grade C: Fair [ ] Grade D: No scientific significance
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

SPECIFIC COMMENTS TO AUTHORS

Author constructed a novel nomogram model including a variety of factors to predict liver metastasis after colon cancer surgery. The results showed that SII, CAR, and RDW were risk factors for liver metastasis after colon cancer surgery ($P<0.05$). The AUC and its 95% CI were 0.93 (0.89-0.96) for the column-line diagram prediction model constructed on the basis of these three risk factors to distinguish whether liver metastasis occurred after colon cancer surgery. The prediction model established in this study based on these risk factors has good discriminatory power and a high calibrating ability for the occurrence of liver metastasis after radical resection of colon cancer. Thus, this model could help clinicians more intuitively identify high-risk patients prone to liver metastasis after surgery, and take targeted screening measures and formulate individualized medical. Overall, this article has certain clinical significance and is worthy of publication. However, I still have a question that needs to be answered, the author should explain the inclusion and exclusion criteria of the general data in detail in the method.

Scientific quality	[ ] Grade A: Excellent [ ] Grade B: Very good [Y] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish
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Creativity or innovation of this manuscript	[ ] Grade A: Excellent [Y] Grade B: Good [ ] Grade C: Fair [ ] Grade D: No creativity or innovation

Scientific significance of the conclusion in this manuscript	[ ] Grade A: Excellent [Y] Grade B: Good [ ] Grade C: Fair [ ] Grade D: No scientific significance
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

SPECIFIC COMMENTS TO AUTHORS

This manuscript identified SII, CAR, and RDW as risk factors affecting the occurrence of liver metastasis after colon cancer surgery. Further, they showed that the combination of these three factors could effectively predict the risk of liver metastasis, and their prediction model based on these three risk factors had a good predictive efficacy. Therefore, in clinical practice, SII, CAR, and RDW can not only be beneficial for the early screening of colon cancer, but can also predict the occurrence of liver metastasis after surgery in advance, which can help in obtaining the best time for treatment. The design of this study is reasonable, and the results obtained are helpful for clinical research. My suggestion is to enrich the figure legends to help readers better understand the results.