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PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Cases

Manuscript NO: 51691

Title: High protein and low circulating levels of arylsulfatases A and B can predict the invasive potential of colorectal cancer

Reviewer's code: 02505493
Position: Editorial Board
Academic degree: DPhil
Professional title: Professor
Reviewer's country: Greece
Author's country: Romania

Reviewer chosen by: Artificial Intelligence Technique
Reviewer accepted review: 2019-09-27 16:57
Reviewer performed review: 2019-09-28 06:07
Review time: 13 Hours

SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION	PEER-REVIEWER STATEMENTS
[ ] Grade A: Excellent	[ ] Grade A: Priority publishing	[ ] Accept (High priority)	Peer-Review:
[Y] Grade B: Very good	[Y] Grade B: Minor language polishing	[ ] Accept (General priority)	[Y] Anonymous
[ ] 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[ ] Grade E: Do not publish		[ ] Rejection	[ ] Advanced
			[Y] General
			[ ] No expertise
			Conflicts-of-Interest:
			[ ] Yes
			[Y] No

SPECIFIC COMMENTS TO AUTHORS

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The present study aimed to evaluate the possible prognostic value of arylsulfatase A and/or arylsulfatase B in colorectal cancer, at circulating and protein levels. This is the first study relating expression of ARSB gene in serum with CRC risk. In addition, it is shown that triple positivity for maspin/ARSA/ARSB and ARSB gene expression seemes to be indicators of CRC aggressive behaviour, independent of lymph node status. The work is very interesting, since CRC remains one of the leading causes of cancer mortality. Although the number of patients included in the study was rather small, considering the CRC incidence, the results obtained are highly encouraging for further and deeper examination. The m/s is well written, all methods and results are adequately described and discussed. However, there are some points requiring correction and revision to be the m/s acceptable for publication. Major points Page 6, line 15: Chondroitin sulfate and dermatan sulfate are the targets of ARSB, which are glycosaminoglycans. Therefore, this sentence must be corrected to: ARSB is mostly involved in breaking down glycosaminoglycans (GAG), such as dermatan sulfate and chondroitin sulfate. Minor points (grammar/typo errors) General: it is better to use “behavior” in all cases (page 5, lines 1, 13, 17 and elsewhere). Page 4, line 17: “were” instead of “was”. Page 5, line 14: literature. Page 7, line 19: aggressiveness. Page 14, line 20: metastasis.

INITIAL REVIEW OF THE MANUSCRIPT

Google Search:

[ ] The same title

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PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Cases

Manuscript NO: 51691

Title: High protein and low circulating levels of arylsulfatases A and B can predict the invasive potential of colorectal cancer

Reviewer's code: 02544209
Position: Editorial Board
Academic degree: MD, PhD
Professional title: Professor
Reviewer's country: Turkey
Author's country: Romania
Reviewer chosen by: Artificial Intelligence Technique
Reviewer accepted review: 2019-09-27 16:33
Reviewer performed review: 2019-10-21 08:51
Review time: 23 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	[Y] 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	[ ] Major revision	Peer-reviewer's expertise on the topic of the manuscript:
[ ] Grade E: Do not publish		[ ] Rejection	[ ] Advanced
			[ ] General
			[Y] No expertise
			Conflicts-of-Interest:
			[ ] Yes
			[Y] No

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The authors investigated the role of Arylsulfatase A and B in the development and progression of colorectal cancer. They found that IHC expression of ARSA and ARSB migh have a predictor for the prognosis of colorectal cancer.

INITIAL REVIEW OF THE MANUSCRIPT

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[Y] No

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PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Cases

Manuscript NO: 51691

Title: High protein and low circulating levels of arylsulfatases A and B can predict the invasive potential of colorectal cancer

Reviewer's code: 05077680
Position: Peer Reviewer
Academic degree: MD

Professional title: Doctor

Reviewer's country: Japan

Author's country: Romania

Reviewer chosen by: Artificial Intelligence Technique

Reviewer accepted review: 2019-09-28 09:56

Reviewer performed review: 2019-10-22 02:53

Review time: 23 Days and 16 Hours

SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION	PEER-REVIEWER STATEMENTS
[ ] Grade A: Excellent	[Y] Grade A: Priority publishing	[ ] Accept (High priority)	Peer-Review:
[Y] Grade B: Very good	[ ] Grade B: Minor language polishing	[ ] Accept (General priority)	[Y] Anonymous
[ ] 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	[ ] Advanced
			[Y] General
			[ ] No expertise
			Conflicts-of-Interest:
			[ ] Yes
			[Y] No

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Overall, the paper is well conceived, but in my opinion requires several revisions, outlined below. 1) Although low expression of the ARSB gene is a risk, there is a contradiction that it becomes a risk when all three of the ARSB / ARSA / Maspin proteins are positive, but how do you think about the mechanism? 2) In this paper the correlation between the immunohistochemical (IHC) and gene expression of ARSB has not yet been examined in CRC (Introduction line 7), but later that ARSA's role in CRC is unclear (Introduction line 29). I feel that the reason for investigating the dynamics of ARSB in thi paper (not ARSB) is unclear. You should elaborate on the reasons for this survey. Also, the reason for choosing Maspin for quantification is not clear. You should state that in the introduction. Do you need to change the title accordingly? 3) Is there a possibility for concrete clinical application? For example, this time you used surgical specimens, but can you say the same way with biopsy tissue specimens?

INITIAL REVIEW OF THE MANUSCRIPT

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