



## PEER-REVIEW REPORT

**Name of journal:** World Journal of Gastrointestinal Surgery

**Manuscript NO:** 58186

**Title:** 9-long non-coding ribonucleic acid signature could better improve the survival prediction of colorectal cancer

**Reviewer's code:** 03724953

**Position:** Editorial Board

**Academic degree:** MD, PhD

**Professional title:** Assistant Professor, Doctor, Surgeon

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

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

**Manuscript submission date:** 2020-07-11

**Reviewer chosen by:** Ya-Juan Ma

**Reviewer accepted review:** 2020-09-14 13:08

**Reviewer performed review:** 2020-09-20 15:07

**Review time:** 6 Days and 1 Hour

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 Grade E: Do not publish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

This is a reasonable study with sufficient evidence. However, there are several mistakes and typos and should be edited via native English speaker before accepted.



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**Name of journal:** World Journal of Gastrointestinal Surgery

**Manuscript NO:** 58186

**Title:** 9-long non-coding ribonucleic acid signature could better improve the survival prediction of colorectal cancer

**Reviewer's code:** 04089095

**Position:** Editorial Board

**Academic degree:** PhD

**Professional title:** Professor

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

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

**Manuscript submission date:** 2020-07-11

**Reviewer chosen by:** Ya-Juan Ma

**Reviewer accepted review:** 2020-10-17 14:06

**Reviewer performed review:** 2020-10-26 10:41

**Review time:** 8 Days and 20 Hours

<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
<b>Language quality</b>	<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
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#### **SPECIFIC COMMENTS TO AUTHORS**

This manuscript constructed an clinical model of colorectal cancer, to investigate molecular biomarkers that accurately predict prognosis would be of great clinical significance using multivariate Cox regression and stratification analysis. lncRNAs are frequently aberrantly expressed in colorectal cancer. This paper is written smoothly with clear thinking and detailed experimental methods, but there are some minor problems: 1. Page3, in the last line of the first paragraph, the abbreviation CRC should be placed in the fourth line of the first paragraph where it first appears. 2. Page3, "With the aim of elucidating the prognostic function of multiple lncRNAs served as biomarkers in colorectal cancer (CRC)." may have grammatical errors? 3. Page6, the line4 of the Introduction, It's better to be able to explain the number of the 5-year survival rate of CRC. 4. Overall survival of the patients who were included is more than 30days. 30 days may a bit short? 5. Page10, the line 5, why the optimal cut-off point is 5.38? It should has more explanation. 6. You should add a Table that summarizes patient information about different groups. 7. In Page12, in 3.6, why common clinical features of CRC only have stage and gender? It need more. Overall, I think this article has certain innovation, but there are also some problems with grouping and statistics. I think this article needs to be reviewed again after revision.