

## PEER-REVIEW REPORT

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

**Manuscript NO:** 69143

**Title:** Colorectal cancer patients in a tertiary hospital in Indonesia: Prevalence of the younger population and associated factors

**Reviewer's code:** 05469117

**Position:** Editorial Board

**Academic degree:** PhD

**Professional title:** Adjunct Professor, Chief Physician, Deputy Director

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

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

**Manuscript submission date:** 2021-06-21

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2021-06-21 16:39

**Reviewer performed review:** 2021-06-21 18:09

**Review time:** 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 Grade E: Do not publish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 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
<b>Conclusion</b>	<input type="checkbox"/> Accept (High priority) <input checked="" 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
<b>Peer-reviewer statements</b>	Peer-Review: <input type="checkbox"/> Anonymous <input checked="" type="checkbox"/> Onymous Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

## **SPECIFIC COMMENTS TO AUTHORS**

The manuscript describes a retrospective study of the expression of Colorectal cancer patients in a tertiary hospital in Indonesia: Prevalence of the younger population and associated factors. This research is very meaningful because the study evaluates early-onset CRC patients in Indonesia to this date. The findings will be of interest to many readers of our journal. The topic is within the scope of the WJG. Some questions need to be answered: 1. On page 7, 2nd paragraph, "as it has been widely reported that these patients display more aggressive tumor biology and molecular and pathological features. [13,14] ". Can it be described in detail? 2. On page 12, "no difference between the two age groups was observed for suspicion of FAP, parental history, or other family history of CRC." Can you explain the criteria of FAP? 3. As we all know, adenocarcinoma is the most common type of gastrointestinal tumor, followed by NEN. Is this pathological classification suitable (Table 2 Histopathological features of early-onset and late-onset CRC)? 4. Some citations lack punctuation, such as citations 11 and 41.

## PEER-REVIEW REPORT

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

**Manuscript NO:** 69143

**Title:** Colorectal cancer patients in a tertiary hospital in Indonesia: Prevalence of the younger population and associated factors

**Reviewer's code:** 04232981

**Position:** Editorial Board

**Academic degree:** MD, MSc, PhD

**Professional title:** Assistant Professor

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

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

**Manuscript submission date:** 2021-06-21

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2021-06-21 04:34

**Reviewer performed review:** 2021-06-27 05:07

**Review time:** 6 Days

<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
<b>Conclusion</b>	<input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input checked="" 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
<b>Peer-reviewer statements</b>	Peer-Review: <input type="checkbox"/> Anonymous <input checked="" type="checkbox"/> Onymous Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No



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## **SPECIFIC COMMENTS TO AUTHORS**

Name of Journal: World Journal of Gastroenterology Manuscript Type: ORIGINAL ARTICLE Manuscript Number: 69143 Retrospective Study Colorectal cancer patients in a tertiary hospital in Indonesia: Prevalence of the younger population and associated factors In this article, the authors attempted to explore the prevalence, demographics, clinicopathologic features, and associated factors of young-onset CRC patients in a tertiary hospital in Indonesia. However, your article is inadequately presented. Furthermore, there are many grammatical mistakes and spelling mistakes as well. Although the article has scientific rigor, several major flows need to be improved before publication. Major Comments: 1. Spacing, punctuation marks, grammar, and spelling errors should be reviewed wholly. 2. English is poor. The authors need to improve their writing style. In addition, the whole manuscript needs to be checked by native English speakers. 3. The abstract section is well, but need to add a focus point to the abstract section. 4. The background (abstract) is lengthy. 5. In the abstract section, rewrite the sentence: "Early-onset CRC cases were more likely to be underweight (34.6% vs. 20.0%,  $P < 0.001$ ) and suspected of suffering from hereditary nonpolyposis colorectal cancer (HNPCC) (9.3% vs. 4.1%,  $P < 0.05$ ); both of these variables were significantly higher than among the late-onset CRC cases". This is a complex sentence. I found some sentences like this. Need to make those lucid and clear. 6. Introduction section look well. 7. Originality of the work should be improved by the author (either in the conclusion or introduction section). 8. State the objective/aim of the research clearly in the last paragraph of the introduction section. 9. Try to remove I, we, our throughout the manuscript. 10. Patient selection and data collection should be fragment into two headings. 11. Criteria's for patients selection need to define preciously. 12. How did the authors validate the number of patients? 13. Statistical analysis section need more



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precise information (whether mean or SD or SEM etc.). 13. Results section looks poor. Need to divide into subtitles. 14. Results description written haphazardly. Need to maintain a logical flow. 15. In the discussion, many concepts already reported in the introduction are repeated, so it is better to avoid unnecessary repetitions. 16. Tables presentation is well-defined. 17. Conclusion has to be improved by including more points (personal recommendation, limitation, etc.).

## PEER-REVIEW REPORT

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

**Manuscript NO:** 69143

**Title:** Colorectal cancer patients in a tertiary hospital in Indonesia: Prevalence of the younger population and associated factors

**Reviewer's code:** 06086481

**Position:** Peer Reviewer

**Academic degree:** MD

**Professional title:** Doctor

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

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

**Manuscript submission date:** 2021-06-21

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2021-06-25 13:16

**Reviewer performed review:** 2021-06-28 14:00

**Review time:** 3 Days

<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 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
<b>Conclusion</b>	<input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input checked="" 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
<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**

The authors shown that most patients with early-onset CRC were male, had left-sided tumors, histopathologically displayed adenocarcinoma, presented with abdominal pain. Clinical data regarding the characteristics and risk factors for early-onset CRC in Indonesia are lacking and this report is the first to determine them. The limitation is to conduct in a single tertiary health center with a retrospective cross-sectional study design. I think that this paper is interested in colorectal surgeons and oncologists. Before the final decision, the authors should revise several places so that the message of this paper more clearly. I believe that the process would make the manuscript more attractive.

## PEER-REVIEW REPORT

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

**Manuscript NO:** 69143

**Title:** Colorectal cancer patients in a tertiary hospital in Indonesia: Prevalence of the younger population and associated factors

**Reviewer's code:** 06097460

**Position:** Peer Reviewer

**Academic degree:** MD

**Professional title:** Academic Fellow

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

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

**Manuscript submission date:** 2021-06-21

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2021-06-21 11:57

**Reviewer performed review:** 2021-06-30 16:34

**Review time:** 9 Days and 4 Hours

<b>Scientific quality</b>	<input 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 checked="" 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
<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**

Makmun et al performed a retrospective study of early-onset colorectal cancer (EACRC) in a tertiary hospital in Indonesia. The main finding of the study is that EACRC constituted 41.4% of the cases in the hospital from 2008 to 2019. In 2020 in the US, based on a yearly increase in early-onset cases, EACRC was projected to constitute 10-12% of CRC cases. 41.4% vs 10-12% is a staggering difference. If the rate of EACRC in Indonesia is truly 41% then Indonesia has a national emergency on its hands. I suspect however that this result is instead the product of faulty methodology, as well as the inherent biases of a retrospective single-center study. For example, table 1 shows there were 114 cases of CRC from 2008-2013 and 381 from 2014 to 2019. It is unclear to me how a single center can have > 3 times as many colorectal cancer cases in 2 consecutive 5 years periods. As stated in the methods, records with incomplete medical information were excluded and I suspect these were mostly late-onset CRC, which inflated their EACRC numbers. Of note, the authors make no effort to explain their 41.4% result in their discussion. I feel very strongly that this manuscript should not be published until this result is explained in the text or the data table shared. This is the kind of result that gets picked up by lay media and misinterpreted and diminishes public confidence in science. The rest of the findings reported by the authors have been reported extensively in the literature. The one surprising finding is the prevalence of left sided tumors in both the population (77.4% vs reported 66%) and the non-increase in left-sided tumors in the EACRC subset. Additionally, the authors in their discussion misinterpret and overstate many of their findings. For example, they state there was an increase in EACRC between the 2 five year periods when the numbers are 41.2% and 41.5%. I would also like to see some information on the staging of these cases.