

## PEER-REVIEW REPORT

**Name of journal:** *World Journal of Psychiatry*

**Manuscript NO:** 71234

**Title:** Psychiatric comorbidities in cancer survivors across tumor subtypes: A systematic review

**Provenance and peer review:** Invited manuscript; Externally peer reviewed

**Peer-review model:** Single blind

**Reviewer's code:** 03527550

**Position:** Peer Reviewer

**Academic degree:** PhD

**Professional title:** Adjunct Professor

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

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

**Manuscript submission date:** 2021-08-31

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2021-09-15 14:01

**Reviewer performed review:** 2021-09-15 15:52

**Review time:** 1 Hour

Scientific quality	<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 Grade E: Do not publish
Language quality	<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
Conclusion	<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
Re-review	<input type="checkbox"/> Yes <input checked="" 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

Thank you for the opportunity to review “Psychiatric comorbidities in cancer survivors across tumor subtypes: a systematic review” ID 71234. The authors present a well-organized and interesting paper about cancer survival and post-cancer mental-morbidity taking into account anxiety, depression, comorbid anxiety and depression and PTSD, worthy of publications with some minor changes. See the reviewer feedback in the itemized checklist below:

1 Title. Does the title reflect the main subject/hypothesis of the manuscript? Yes

2 Abstract. Does the abstract summarize and reflect the work described in the manuscript? The search mesh is redundant and described in the methods and could be replaced in the abstract by the overall papers found and then those entering review in addition to the databases searched.

3 Key words. Do the key words reflect the focus of the manuscript? Yes

4 Background. Does the manuscript adequately describe the background, present status and significance of the study?

1) No. There is an emergent body of information not taken into account. The authors are examining a form of temporal hyper-morbidity: Modern definitions of morbidity could be referenced (Jakovljevic M, Ostojic L. Comorbidity and multimorbidity in medicine today: challenges and opportunities for bringing separated branches of medicine closer to each other. Psychiatr Danub 2013; 25(suppl 1): 18–28. [PubMed] [Google Scholar])

2) This statement is inaccurate : “Studies have examined psychiatric comorbidities in cancer survivors, mostly restricted to one specific kind of cancer.” For example <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6020283/> AND (Zhu J, Fang F, Sjolander A, Fall K, Adami HO, Valdimarsdottir U. First-onset mental disorders after cancer diagnosis and cancer-specific mortality: a nationwide



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cohort study. Ann Oncol 2017; 28: 1964-9. [PubMed] [Google Scholar]) AND <https://pubmed.ncbi.nlm.nih.gov/27427856/> 5 Methods. Does the manuscript describe methods (e.g., experiments, data analysis, surveys, and clinical trials, etc.) in adequate detail? 6 Results. Are the research objectives achieved by the experiments used in this study? What are the contributions that the study has made for research progress in this field? 7 Discussion. Does the manuscript interpret the findings adequately and appropriately, highlighting the key points concisely, clearly and logically? Are the findings and their applicability/relevance to the literature stated in a clear and definite manner? Is the discussion accurate and does it discuss the paper's scientific significance and/or relevance to clinical practice sufficiently? 8 Illustrations and tables. Are the figures, diagrams and tables sufficient, good quality and appropriately illustrative of the paper contents? Do figures require labeling with arrows, asterisks etc., better legends? 9 Biostatistics. Does the manuscript meet the requirements of biostatistics? tables 3-5 (Prevalence) could be combined and rank ordered from highest to lowest (if possible). 10 Units. Does the manuscript meet the requirements of use of SI units? n/a 11 References. Does the manuscript cite appropriately the latest, important and authoritative references in the introduction and discussion sections? No - see #4 above Does the author self-cite, omit, incorrectly cite and/or over-cite references? No 12 Quality of manuscript organization and presentation. Is the manuscript well, concisely and coherently organized and presented? Is the style, language and grammar accurate and appropriate? Very well written. 13 Research methods and reporting. Authors should have prepared their manuscripts according to manuscript type and the appropriate categories, as follows: (1) CARE Checklist (2013) - Case report; (2) CONSORT 2010 Statement - Clinical Trials study, Prospective study, Randomized Controlled trial, Randomized Clinical trial; (3) PRISMA 2009 Checklist - Evidence-Based Medicine, Systematic review, Meta-Analysis; (4)



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STROBE Statement - Case Control study, Observational study, Retrospective Cohort study; and (5) The ARRIVE Guidelines - Basic study. Did the author prepare the manuscript according to the appropriate research methods and reporting? Yes. However, tables 3-5 (Prevalence) could be combined and rank ordered from highest to lowest (if possible). 14 Ethics statements. For all manuscripts involving human studies and/or animal experiments, author(s) must submit the related formal ethics documents that were reviewed and approved by their local ethical review committee. Did the manuscript meet the requirements of ethics? Uncertain – no ethics certificate was provided, but this was a review of secondary information so is not likely required.

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**Title:** Psychiatric comorbidities in cancer survivors across tumor subtypes: A systematic review

**Provenance and peer review:** Invited manuscript; Externally peer reviewed

**Peer-review model:** Single blind

**Reviewer's code:** 05849395

**Position:** Peer Reviewer

**Academic degree:** BSc

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

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

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

**Manuscript submission date:** 2021-08-31

**Reviewer chosen by:** Xin Liu (Online Science Editor)

**Reviewer accepted review:** 2021-11-26 09:17

**Reviewer performed review:** 2021-12-01 12:29

**Review time:** 5 Days and 3 Hours

<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="radio"/> ] Anonymous [ <input type="radio"/> ] Onymous Conflicts-of-Interest: [ <input type="radio"/> ] Yes [ <input checked="" type="radio"/> ] No
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## SPECIFIC COMMENTS TO AUTHORS

1. It is a well-conducting systematic review, in which the authors explore the important under-appreciated psychiatric comorbidity in cancer survivors and the prevalence of these comorbidities, with implications for clinical interventions in relevant populations.

2. Should "prevalence" be added to the key words. 3. Page 12/35 "This is in contrast to the general population, where the prevalence of anxiety disorders is lower than that of depression[33]." Description may be inconsistent with most studies and suggested revision. In the general population, the prevalence of anxiety disorders is usually higher than that of depression. For example, data from the Huang Yueqin (2019) epidemiological survey shows that anxiety disorders are the most common mental disorder in China. Even in the WHO (2017) data, the prevalence of anxiety disorders is higher than that of depression in the United States.