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315-321 Lockhart Road, Wan Chai, Hong Kong, China

## ESPS Peer-review Report

**Name of Journal:** World Journal of Gastroenterology

**ESPS Manuscript NO:** 9144

**Title:** Utility of the Asia-Pacific Colorectal Screening Scoring System and the Presence of Metabolic Syndrome Components in Screening for Sporadic Colorectal Cancer

**Reviewer code:** 01566894

**Science editor:** Qi, Yuan

**Date sent for review:** 2014-01-23 20:27

**Date reviewed:** 2014-02-21 22:44

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A (Excellent)	<input checked="" type="checkbox"/> Grade A: Priority Publishing	Google Search:	<input type="checkbox"/> Accept
<input checked="" type="checkbox"/> Grade B (Very good)	<input type="checkbox"/> Grade B: minor language polishing	<input type="checkbox"/> Existed	<input type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C (Good)	<input type="checkbox"/> Grade C: a great deal of	<input type="checkbox"/> No records	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D (Fair)	language polishing	BPG Search:	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade E (Poor)	<input type="checkbox"/> Grade D: rejected	<input type="checkbox"/> Existed	<input checked="" type="checkbox"/> Minor revision
		<input type="checkbox"/> No records	<input type="checkbox"/> Major revision

## COMMENTS TO AUTHORS

This is a potentially important study, especially in Asian population. The manuscript is well written and clear. However, authors did not include the statement of informed consent and IRB approval, which raises a critical issue on ethics.



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**ESPS Manuscript NO:** 9144

**Title:** Utility of the Asia-Pacific Colorectal Screening Scoring System and the Presence of Metabolic Syndrome Components in Screening for Sporadic Colorectal Cancer

**Reviewer code:** 02563187

**Science editor:** Qi, Yuan

**Date sent for review:** 2014-01-23 20:27

**Date reviewed:** 2014-02-23 18:49

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A (Excellent)	<input checked="" type="checkbox"/> Grade A: Priority Publishing	Google Search:	<input type="checkbox"/> Accept
<input checked="" type="checkbox"/> Grade B (Very good)	<input type="checkbox"/> Grade B: minor language polishing	<input type="checkbox"/> Existed	<input type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C (Good)	<input type="checkbox"/> Grade C: a great deal of language polishing	<input type="checkbox"/> No records	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D (Fair)	<input type="checkbox"/> Grade D: rejected	BPG Search:	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade E (Poor)		<input type="checkbox"/> Existed	<input checked="" type="checkbox"/> Minor revision
		<input type="checkbox"/> No records	<input type="checkbox"/> Major revision

## COMMENTS TO AUTHORS

The Asia-Pacific Colorectal Screening (APCS) system, reported in 2011, uses age, gender, a family history of colorectal tumors, and smoking history as the factors to calculate scores. The APCS scoring system is simple and convenient for outpatient screening; A large number of epidemiological studies have shown that MS components are closely related to the occurrence of colorectal tumors. This paper assessed the utility of the APCS system and the presence of MS components in outpatient screening for CRC by stratifying individuals according to these parameters. Conclusions: The APCS scoring system can be used in individual screening for sporadic colorectal cancer. The combined use of APCS scores and the metabolic syndrome components, in particular obesity, will significantly improve the efficacy of colorectal cancer screening. This is a potentially important study, especially in Asian population, and has clinical significance. The manuscript is well written and clear. But it did not describe the informed consent. It's better to have a follow-up data after colonoscopic examination, include biomarkers, etc.



ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 9144

Title: Utility of the Asia-Pacific Colorectal Screening Scoring System and the Presence of Metabolic Syndrome Components in Screening for Sporadic Colorectal Cancer

Reviewer code: 00180956

Science editor: Qi, Yuan

Date sent for review: 2014-01-23 20:27

Date reviewed: 2014-03-10 18:27

Table with 4 columns: CLASSIFICATION, LANGUAGE EVALUATION, RECOMMENDATION, CONCLUSION. It lists criteria for manuscript evaluation such as Grade A (Excellent), Grade B (Very good), etc., and corresponding actions like 'Accept', 'High priority for publication', etc.

COMMENTS TO AUTHORS

In a manuscript titled "Utility of the Asia-Pacific Colorectal Screening Scoring System and the Presence of Metabolic Syndrome Components in Screening for Sporadic Colorectal Cancer" authors intended to evaluate Asia-Pacific Colorectal Screening System (APCS) and metabolic syndrome components in screening for sporadic colorectal cancer (CRC). Authors conclude that APCS system can be used in individual screening for sporadic CRC in combination with metabolic syndrome components. Despite the fact that manuscript is well written, there are several important issues that greatly undermine the reliability of findings and conclusions. 1. The most important problem is a fundamental methodological flaw that involves patient selection. In order to assess the impact of screening score one must apply it on a general population and on an asymptomatic individuals (as is done in original study describing the APCS - Yeoh KG et al. Gut. 2011 Sep;60(9):1236-41.). In present study authors recruited patients referred for colonoscopy mostly by their physicians (certainly with a reason for that), which makes the study population extremely prone to referral bias. Another proof for this is an extremely high rate of colorectal tumors (31.5%) in study sample, which is several times higher than usually reported rates in screening programs worldwide. 2. The same is valid for metabolic syndrome (MS) components. I find the addition of MS to APCS an interesting and promising approach which may improve the APCS, however in order to reliably interpret the findings, the study population must be appropriate - i.e. a prospective, cross-sectional study with asymptomatic patients undergoing screening colonoscopy. 3. Given the above-mentioned problem(s), conclusions of the study are not valid. Maybe focusing on a utility of APCS+MS as a risk



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stratification tool for CRC and polyps for hospitalized patients is more appropriate for this particular study population?