

ESPS Peer-review Report
Name of Journal: World Journal of Gastrointestinal Oncology

ESPS Manuscript NO: 11021

Title: Plasma Levels of Monocyte Chemotactic Protein-1 (MCP-1) Are Elevated in Colorectal Cancer Patients Preoperatively; After Resection Levels Are Further Increased and Remain Elevated For Over 1 Month

Reviewer code: 00505544

Science editor: Fang-Fang Ji

Date sent for review: 2014-04-30 14:18

Date reviewed: 2014-05-04 19:42

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A (Excellent)	<input type="checkbox"/> Grade A: Priority Publishing	Google Search:	<input type="checkbox"/> Accept
<input checked="" type="checkbox"/> Grade B (Very good)	<input checked="" 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)		BPG Search:	<input checked="" type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)	<input type="checkbox"/> Grade D: rejected	<input type="checkbox"/> Existed	
		<input type="checkbox"/> No records	<input type="checkbox"/> Major revision

COMMENTS TO AUTHORS

I have some minor concerns: 1- There are too many abbreviations. Especially it is very difficult to understand the summary section (especially preop, pts, postop , POD should be written in normal form, not in abbreviations). 2- At page 4, "Weber et al. showed that the presence of a MCP-1 receptor antagonist or neutralizing MCP-1 antibody impaired the ability of ECs to migrate and close wounds, whereas the addition of MCP-1 facilitated repair." There should be a reference number for his explanation. 3-Introduction section is too long. Some part of it should be included in the discussion section. 4-The authors should define the study period. 5- Exclusion or inclusion criteria should be defined more clearly. 6- The authors should define the adverse effects of high MCP 1 on timing of postoperative treatments more briefly with examples from current literature (if available)

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Title: Plasma Levels of Monocyte Chemotactic Protein-1 (MCP-1) Are Elevated in Colorectal Cancer Patients Preoperatively; After Resection Levels Are Further Increased and Remain Elevated For Over 1 Month

Reviewer code: 00505564

Science editor: Fang-Fang Ji

Date sent for review: 2014-04-30 14:18

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CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A (Excellent)	<input type="checkbox"/> Grade A: Priority Publishing	Google Search:	<input type="checkbox"/> Accept
<input checked="" type="checkbox"/> Grade B (Very good)	<input checked="" 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)		BPG Search:	<input checked="" type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)	<input type="checkbox"/> Grade D: rejected	<input type="checkbox"/> Existed	
		<input type="checkbox"/> No records	<input type="checkbox"/> Major revision

COMMENTS TO AUTHORS

The problem discussed in the paper sheds a light on plausible reason for the development of metastases after the resection of colorectal cancer. The paper is written by colorectal surgeons, professor Whelan and colleagues and are reporting their observations on plasma levels of MCP-1 before and after resection of CRC surgery for 1 month postoperatively and compared to BEN. Herewith they report that the elevation of MCP-1 observed postoperatively may promote angiogenesis, cancer recurrence and metastasis. Further, the authors believe that the cancer is not responsible for the postoperative increases in MCP-1 plasma levels because blood levels should fall after resection if the source of the elevated MCP-1 was the tumor. This study is interesting and I would like to give my suggestions to impact the authors understanding of the tumor tissue in the elucidation of aberrant molecular aspect changes in the tumor microenvironment and surgical margins to impact the paper. The authors should understand that rate of tumor recurrence following resection suggests that there are underlying molecular biometric changes in histologically normal tissue that go undetected by conventional diagnostic methods available that utilize contrast agents and immunohistochemistry. Current molecular technologies has the advanced specificity and sensitivity to monitor and identify molecular species indicative of these changes. These technologies (e.g. MALDI MS / IMS) indicate that the histologically normal tissue adjacent to the tumor expresses many of the molecular characteristics of the tumor. I recommend that the authors should visit and read this article (Oppenheimer SR, Mi D, Sanders ME, Caprioli RM. J Proteome Res

2010 May 7;9(5):2182-90) in order to improve the discussion of the paper. More suggestions and recommendation is that probably the results of this work and their impact to cancer research are discussed not fully, which I'll try to expound after I list some desired corrections: 1] Some abbreviations in the abstract are not decrypted, for example all of the PODs and CRC. 2] Abstract, lines 10 and 11: "median... was higher than..." By the means of statistics, not medians are being compared, but the samples itself. It can be said that levels differed, not medians. 3] Introduction: should "in vitro" be typed in italics? 4] Citation 9 seems to show that "chemotactic response is inhibited by MCP-1 monoclonal antibodies". Was that effect shown in vitro or in vivo? I think the results like that might mean much for this research. 5] I would highly recommend to carry out statistical analyses and describe them more accurately. For example, some of the variables are described as mean +/- SD, and others as median and CI, without even checking if the data is distributed normally or not. What is more, the comparison of MCP-1 levels for the Pre vs. Postoperative CRC is performed with the use of Wilcoxon signed rank test, which is the method of non-parametric statistics, and still the results are shown as Mean +/- SD, which is clear discrepancy of logic. 6] It would be better if Figure 2 was first and Figure 1 be the second. It is unnecessary to speak on Figure 1 in the Methods section - this can be easily transferred to the Results section. Also, add the citation for Figure 1 to the 3.3 chapter in the results section. 7] The use of uppercase and lowercase letters in the word "preop" is different throughout the text. Please unify. 8] The correlation values 0.2 to 0.4 are usually considered weak; is it competent to use these results for making any conclusions? 9] Discussion: "blood levels were increased", "blood levels should fall" - it should be clarified. 10] I believe that discussing the impossibility of obtaining enough blood samples is not the best ending for the paper. Probably it would be better to add some concluding paragraph to the end of the paper. NB: Overall, I think that it could be beneficial for the pape