

ESPS PEER REVIEW REPORT

Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 11599

Title: Toll-like receptor signaling in colorectal cancer: carcinogenesis to cancer therapy

Reviewer code: 00061704

Science editor: Ya-Juan Ma

Date sent for review: 2014-05-28 21:09

Date reviewed: 2014-06-17 16:37

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 type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> Existing	<input type="checkbox"/> High priority for publication
<input checked="" 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	<input type="checkbox"/> Existing	<input checked="" type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input type="checkbox"/> No records	<input type="checkbox"/> Major revision

COMMENTS TO AUTHORS

In the present review entitled "Toll-like receptor signaling in colorectal cancer: carcinogenesis to cancer therapy" authors are focused on the role of TLRs in colorectal carcinogenesis. In the first part of the manuscript, the role of TLRs in carcinogenesis process is described. Recent studies indicate that TLR signalling plays an important role in progression of carcinogenesis in GI-tract, liver and pancreas. TLR may promote carcinogenesis through pro-inflammatory, proliferative signals. Some TLRs show largely tumor-suppressive functions. The clinical trials with the use of agonists of TLR as adjuvants to chemotherapy are ongoing. The results are however still disappointing from the clinical point of view. Major points of criticism: 1. Authors should in their review focus only on the involvement of TLR in colorectal cancer; 2. The possible involvement of each TLRs in CRC should be shown in a figure; 3. The summaries on therapy with TLR agonist in all cancer types should be omitted, and the authors should only concentrate on TLRs in CRC 4. The Figures 2 should be changed. It is not easy to understand the message of this figure