

PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

Manuscript NO: 46182

Title: Prognostic significance of lymphovascular invasion in colorectal cancer and its association with genomic alterations

Reviewer's code: 00042390

Reviewer's country: Guatemala

Science editor: Jia-Ping Yan

Reviewer accepted review: 2019-02-08 17:52

Reviewer performed review: 2019-02-15 15:41

Review time: 6 Days and 21 Hours

SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION	PEER-REVIEWER STATEMENTS
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	<input type="checkbox"/> Accept	Peer-Review:
<input type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language	(High priority)	<input type="checkbox"/> Anonymous
<input type="checkbox"/> Grade C: Good	polishing	<input type="checkbox"/> Accept	<input type="checkbox"/> Onymous
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of	(General priority)	Peer-reviewer's expertise on the
<input type="checkbox"/> Grade E: Do not	language polishing	<input type="checkbox"/> Minor revision	topic of the manuscript:
publish	<input type="checkbox"/> Grade D: Rejection	<input type="checkbox"/> Major revision	<input type="checkbox"/> Advanced
		<input type="checkbox"/> Rejection	<input type="checkbox"/> General
			<input type="checkbox"/> No expertise
			Conflicts-of-Interest:
			<input type="checkbox"/> Yes
			<input type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS

1.- Congratulations for this paper. Very important and showed the relationship of LVI with worse survival. 2.- Very important manuscript for future investigations. 3.- You have to correct page 7 (second Line) Stage III (you put Stage II, twice). It would be



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very interesting that you would determine the 5 year OS not only globally for LVI and non-LVI but in each stage. For example STAGE I CRC with LVI will have which 5 year OS compared with non LVI. This would help the physician to be more aggressive in treatment for these cases.

INITIAL REVIEW OF THE MANUSCRIPT

Google Search:

- ☐ The same title
- ☐ Duplicate publication
- ☐ Plagiarism
- ☐ No

BPG Search:

- ☐ The same title
- ☐ Duplicate publication
- ☐ Plagiarism
- ☐ No

PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

Manuscript NO: 46182

Title: Prognostic significance of lymphovascular invasion in colorectal cancer and its association with genomic alterations

Reviewer's code: 03474653

Reviewer's country: Sweden

Science editor: Jia-Ping Yan

Reviewer accepted review: 2019-02-25 19:40

Reviewer performed review: 2019-02-27 21:35

Review time: 2 Days and 1 Hour

SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION	PEER-REVIEWER STATEMENTS
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	<input type="checkbox"/> Accept	Peer-Review:
<input type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language	(High priority)	<input checked="" type="checkbox"/> Anonymous
<input checked="" type="checkbox"/> Grade C: Good	polishing	<input type="checkbox"/> Accept	<input type="checkbox"/> Onymous
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of	(General priority)	Peer-reviewer's expertise on the
<input type="checkbox"/> Grade E: Do not	language polishing	<input type="checkbox"/> Minor revision	topic of the manuscript:
publish	<input type="checkbox"/> Grade D: Rejection	<input checked="" type="checkbox"/> Major revision	<input checked="" type="checkbox"/> Advanced
		<input type="checkbox"/> Rejection	<input type="checkbox"/> General
			<input type="checkbox"/> No expertise
			Conflicts-of-Interest:
			<input type="checkbox"/> Yes
			<input checked="" type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS

Quite interesting study for an issue that is well described before. The study shows all the inherited problems of these retrospective stile. Some questions to answer. 1. Which model of TNM and grading according to the World Health Organization have the



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tumors been analyzed? 2. The tumor differentiation grading is the old one. 3. Rectal - colon cancers 50-50 prevalence? Bias? 4. Which criteria do they use for selection of 47 surgically removed sporadic colorectal adenocarcinoma specimens? Why are they sporadic if no data on family history? 5. Why so big differences between these 47 and the first 1219 patients in the LMV percentage? 6. What does they mean that LVI was detected in 150 tumors, with a presence of 12.3% (10.5-14.2%). ?? Two different calculations? Does they mean colon vs rectal??

INITIAL REVIEW OF THE MANUSCRIPT

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- ☐ No