

PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Oncology

Manuscript NO: 62536

Title: Cytotoxic CD8+ T cells and tissue resident memory cells in colorectal cancer based on microsatellite instability and BRAF status

Reviewer's code: 05225448

Position: Editorial Board

Academic degree: MD, PhD

Professional title: Associate Professor, Doctor

Reviewer's Country/Territory: Japan

Author's Country/Territory: Australia

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Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-01-15 06:44

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Review time: 4 Days

Scientific quality	<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 Grade E: Do not publish
Language quality	<input type="checkbox"/> Grade A: Priority publishing <input type="checkbox"/> Grade B: Minor language polishing <input checked="" type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
Conclusion	<input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input checked="" type="checkbox"/> Major revision <input type="checkbox"/> Rejection
Re-review	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Peer-reviewer statements	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 privilege of reviewing your work. The authors report that T RM cells exist in MSS, MSI-H BRAF mut and MSI-H BRAF wt CRC. However, it is in greater abundance in MSI-H than MSS CRC. This manuscript is well written. While interesting, the manuscript has number of small shortcomings. 1. In abstract section, methods is long, you may describe in briefly. 2. In Method section, what is eligible criteria? 3. You described 72 patients were eligible. How many patients did you analyze? When did you analyze? 4. 44 patients were successfully underwent multiplex immunofluorescence staining. Why did 28 patients go wrong? 5. Were samlpes collect from primary or metastatic lesion? 6. In Table1, I cannot understand Stage A, B, C and D. 7. Table1, I cannot understand low grade, average grade and high grade. Did all the samples collecte from cancer? 8. The frequency of MSI changes in unresectable advanced cancer or postoperative cancer. You should add unresectable advanced cancer or postoperative cancer in the patient demographics 9. Statistically, I think that there is only one healthy control. I think we need more than 5 people