

ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 3845

Title: Clinical and histopathological correlations of faecal calprotectin release in colorectal carcinoma

Reviewer code: 01221360

Science editor: Wang, Jin-Lei

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CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A (Excellent)	<input checked="" type="checkbox"/> Grade A: Priority Publishing	Google Search:	<input checked="" 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"/> 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 type="checkbox"/> Minor revision
		<input type="checkbox"/> No records	<input type="checkbox"/> Major revision

COMMENTS TO AUTHORS

This is a simple study with a clear message that at least in some cases the TNM classification may have advantages over the traditional Dukes' or Stage classification of CRC (those two systems correspond well) which are the dominant systems, even in the reporting of clinical trials. The authors make the link between calprotectin and granulocytes (neutrophils) and degree and extent of inflammation. It would be interesting to learn if the authors measured some other variables in this context, such as the ESR or plasma CRP. Blood platelets (thrombocytes) are often elevated in inflammation. Some contend that plasma LDH-levels correlate with tumour burden. Did any of such variables correlate with fecal calprotectin? Are there any patient outcomes data? Survival, time-to-progression (time-to-recurrence) etc? To help the non-expert, a simple description of the main difference between their finding of T1 + T2 vs T3 + T4 Dukes' C (Stage III) and Dukes' B (subdivided into B1 & B2) (Stage II) might add value. In other words, if the patients were grouped by Dukes' staging, what would the data look like? A simple table might help make their point more clearly. Minor textual points: His name was Dukes so it should be Dukes' (not Duke's) in the manuscript (eg p3, para 3, & p 8, para 1). P6, para 2, line 2 - do the authors mean "parameters" or "variables"?