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315-321 Lockhart Road,
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ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 7162

Title: The relationship of preoperative fibrinogen with clinicopathological features and its effect on prognosis of the patients with colon cancer

Reviewer code: 00180872

Science editor: Zhai, Huan-Huan

Date sent for review: 2013-11-06 19:18

Date reviewed: 2013-12-15 17:19

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

COMMENTS TO AUTHORS

Thank you for the opportunity of reviewing this interesting paper. The concept of using a simple inflammatory factor as an independent prognostic factor is exciting yet as an acute phase factor I would like to see more data on the pts' condition before surgery Why 60 is a threshold age? Pt gender? Were all there any pts treated on an emergent basis what was the ASA score ? Any pt operated for obstruction? What was the pre operative evaluation and was metastatic disease ruled out ? Correlation to T stage Nodal status on pathology Does all stage II received chemotherapy Type of recurrence (distal vs local) Abbreviations in the abstract



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ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 7162

Title: The relationship of preoperative fibrinogen with clinicopathological features and its effect on prognosis of the patients with colon cancer

Reviewer code: 02526222

Science editor: Zhai, Huan-Huan

Date sent for review: 2013-11-06 19:18

Date reviewed: 2013-12-15 19:52

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"/> 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)	<input type="checkbox"/> Grade D: rejected	BPG Search:	<input checked="" type="checkbox"/> Rejection
<input checked="" type="checkbox"/> Grade E (Poor)		<input type="checkbox"/> Existed	<input type="checkbox"/> Minor revision
		<input type="checkbox"/> No records	<input type="checkbox"/> Major revision

COMMENTS TO AUTHORS

The paper entitles “ The relationship of preoperative fibrinogen with clinicopathological features and its effect on prognosis of the patients with colon cancer” by Sun et al. described the prognostic value of pre-operative fibrinogen in 255 colon cancer patients from a single institute. They concluded that the level of pre-operative fibrinogen and many other previously well-known factors, like initial tumor stage and CEA, were associated with patients’ outcome after surgery. The study number was quite small and their findings were not novel. Furthermore there are several points should be clarified: 1. There was little information provided about the 255 patients enrolled in this study; how were they diagnosed, treated, and followed? (is there a uniform diagnosis and treatment guideline in the institute?) What were preformed prior to operation to determine a “metastatic free” condition? (table 1 showed that all the patients were stage 1-3 at opeartion). What were the pathology diagnoses, all adenocarcinoma? Since the pathology subtypes might influence the fibrinogen level, the authors need to clarify this. Did the patients receive any adjuvant treatment after surgery? 2. The authors excluded some patients (no number provided) from analysis for several pre-existing confounding factors, like infection, hematology disease, ect. However there were nearly one third of patients in the study group had smoking habit. Since smoking were known to have impact on the serum fibrinogen level, as well as clinical outcome, the author need to explain why or why not include this group of patient in analysis. Furthermore, the result should be adjusted with smoking. 3. The statistic analysis of this study was not rigorously conducted. First, the author use mean +/- SD to describe fibrinogen level (which were usually used in a parametric data). Since the study numbers were quite small, it would be relatively rare to be presented in a normal distribution. As the authors demonstrated in



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table 2, there were 77% of patients had fibrinogen lower than 2.61 g/L, the “mean of 3.17 ± 0.88 ” should be revised. Second, if the authors would like to claim the prognostic value of pre-operative fibrinogen, they should include multivariate Cox analysis to evaluate the prognostic value between so many factors, like TNM, CEA, mGPS, WBC, NLR, PLR and fibrinogen. 4. In this study, the author used a cut-off-point as 2.61 g/L, which was actually much lower than previous studies. The authors need to explain this in the discussion section. Furthermore since the patients enrolled were of great variety, the author should also clarify the prognostic impact of fibrinogen in each stage of patients. Was the results the same in patients with stage 1 and stage 3 disease? 5. Did this study review by an independent ethics committee? The authors should address this in their manuscript. 6. In the abstract section, there were too many abbreviations and the authors need to clarify them before using these in scientific writing. 7. The discussion was underdeveloped.



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Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 7162

Title: The relationship of preoperative fibrinogen with clinicopathological features and its effect on prognosis of the patients with colon cancer

Reviewer code: 00068230

Science editor: Zhai, Huan-Huan

Date sent for review: 2013-11-06 19:18

Date reviewed: 2013-12-17 15:11

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 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)	<input type="checkbox"/> Grade D: rejected	BPG Search:	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)		<input type="checkbox"/> Existed	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

COMMENTS TO AUTHORS

1. The language of paper is very poor and there are number of grammatical/spelling errors in the text.
 2. The methodology portion is too short e.g. it does not indicate what was the exact number of patients selected initially for study before exclusion of some patients.
 3. What was the exact day used to collect the blood samples prior to surgery.
 4. What were the other various reasons due to which 30 cases were lost during follow up etc..
 5. Although authors have reported number of tables but results have been written very briefly as well as poorly.
 6. The most important point is that significance outcome of this study has already been published recently by Son et al in Annals of Surgical Oncology,2013,that too with larger number of patients.
 6. In order to add weightage to the submitted manuscript, some mechanistic studies involving cause of increase in fibronogen content during colon cancer malignancy is needed.



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Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 7162

Title: The relationship of preoperative fibrinogen with clinicopathological features and its effect on prognosis of the patients with colon cancer

Reviewer code: 00074923

Science editor: Zhai, Huan-Huan

Date sent for review: 2013-11-06 19:18

Date reviewed: 2013-12-23 00:12

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 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
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<input type="checkbox"/> Grade E (Poor)	<input type="checkbox"/> Grade D: rejected	<input type="checkbox"/> Existed	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

COMMENTS TO AUTHORS

Thank you for your article. The purpose of the study results very interesting. In general terms I think the study is well done but it needs some revisions until publication: 1. I would like a better explanation of the demographic data: gender, comorbidities, ASA grade. Specially for stage III, if any difference in terms of adjuvant therapies was found between groups. 2. Please explain why you use the 2.61 cuts off of fibrinogen levels. 3. I would like you to clarify the impact of fibrinogen in prognosis by each TNM stage. Is still statistically significant when adjusted by each stage?