

ESPS Peer-review Report**Name of Journal:** World Journal of Gastroenterology**ESPS Manuscript NO:** 10494**Title:** Acute bacterial infection negatively impacts cancer specific survival of colorectal cancer patients**Reviewer code:** 02445638**Science editor:** Yuan Qi**Date sent for review:** 2014-04-03 21:58**Date reviewed:** 2014-04-04 23:26

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	<input type="checkbox"/> [] No records	<input type="checkbox"/> [] Rejection
<input type="checkbox"/> [] Grade D (Fair)	language polishing	BPG Search:	<input type="checkbox"/> [] Minor revision
<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

Attié et al. have conducted a retrospective cohort study with colorectal cancer patients that develop a range of infections at or after cancer therapy. They demonstrate that patients with infections are twice as likely to die over the control group and that increased age and high neutrophil count correlate with poorer outcome. The study addresses the hypothesis that general activation of the immune response may aid in colorectal cancer survival. They clearly show that comorbidity with increased age hastens death. Appropriate statistical tests are employed correctly. The final conclusion that colorectal cancer patients with infection should have better infection directed therapy is the major appeal of the study. One minor correction on page 6 line 14 from top, 31,5 should read 31.5. Also minor issue, most of the total number of cases add up to 104, "gender" in Table 1 adds up to 106 and "age" to 102- are these minor math mistakes?

ESPS Peer-review Report
Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 10494

Title: Acute bacterial infection negatively impacts cancer specific survival of colorectal cancer patients

Reviewer code: 00467187

Science editor: Yuan Qi

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Date reviewed: 2014-04-11 03:27

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A (Excellent)	<input type="checkbox"/> Grade A: Priority Publishing	Google Search:	<input checked="" type="checkbox"/> Accept
<input checked="" 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	<input type="checkbox"/> No records	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D (Fair)	language polishing	BPG Search:	<input type="checkbox"/> Minor revision
<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

The study conducted by Regina Attie et al. was designed to investigate the correlation of acute bacterial infection with survival of colorectal cancer patients. The study found poor cancer specific survival of the patients with infection during or after cancer treatment, high neutrophil counts, or older age. These observations are of interesting and may be useful for prognosis and patient management. However, some of the factors potentially contributing to bacterial infection and/or patient survival have not been addressed by the authors. It is recommended to compare the relationship between bacterial infection and cancer stages, recurrence, and metastasis, and patient age, and also the correlation of patient survival with local or systemic (e.g. bacteremia) infection.

ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 10494

Title: Acute bacterial infection negatively impacts cancer specific survival of colorectal cancer patients

Reviewer code: 00742503

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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 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 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"/> Existed	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)		<input type="checkbox"/> No records	<input checked="" type="checkbox"/> Major revision

COMMENTS TO AUTHORS

This work is a prospective study trying to verify the impact of acute bacterial infections on cancer specific survival in patients with colorectal cancer. The work is easy to follow, the presentation of figures is correct and the use of statistical methods is adequate. However I have some major and minor concerns: Major concerns: The way that the aim of the study is exposed in the abstract and in the introduction section seems confusing to me. Inflammation is considered a part of the study although there are not results on this issue. On the other hand, I am not convinced that the background supported about inflammation and cancer could be related to the inflammation that usually accompanied some infections. As an example, authors say in Introduction: In the tumor microenvironment, inflammation contributes to the proliferation and survival of malignant cells, to metastasis, to subvert adaptive immunity, and to reduce response to hormones and chemotherapeutic agents. Recent studies suggest that genetic instability can result from inflammation. This may occur by inflammatory mediators, which can lead to accumulation of mutations in cancer cells through the production of reactive species of oxygen. Thus, inflammation seems to be the seventh hallmark of cancer [4] It is true that inflammation has been considered a hallmark of cancer but when inflammation is produced by the tumor itself. In my opinion authors mixed comments on inflammation due to the tumor and inflammation caused by the infection, that in occasions is very far from the tumor. I suggest eliminating any reference to inflammation and focusing the study in infection. I would like the authors consider answering the following questions: - Are the different infections related in the same way to survival of the patients? I suspect that some of them could be



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more aggressive than others - It is known that location of colorectal cancer has impact on survival. This issue should be considered in the study. Minor corrections In relation to the study population there are some incongruences between data in Methods and Results sections and data in table 1 Stage: Methods: There were included all patients with non-metastatic colorectal cancer. Table 1: Stage IV: 26 patients; metastasis yes: 26 patients. Gender: Methods: For both the Infected and Control Groups, the majority of patients were female with diseases at Stage III. Table 1: 49 women and 57 men; Number of patients: Results: We analysed 104 patients, divided into two groups: infected group (n= 58) and control group (n= 46). Table 1 Gender: total of patients 106.