

## ESPS PEER-REVIEW REPORT

**Name of journal:** World Journal of Gastroenterology

**ESPS manuscript NO:** 18830

**Title:** Colitis-Associated Colon Cancer: Is it in Your Genes?

**Reviewer's code:** 03001891

**Reviewer's country:** Saudi Arabia

**Science editor:** Jing Yu

**Date sent for review:** 2015-05-04 16:01

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CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	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"/> The same title	<input type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C: Good		<input type="checkbox"/> Duplicate publication	
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Plagiarism	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade E: Poor	<input type="checkbox"/> Grade D: Rejected	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Minor revision
		BPG Search:	<input type="checkbox"/> Major revision
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

### COMMENTS TO AUTHORS

I read with interest the article titled "Colitis-Associated Colon Cancer: Is it in Your Genes?", which summarized in detail genetic predisposition to CRC in IBD with a clear focus on mouse models. In general, this is a well written paper. While I understand that the authors have focused on the basic science behind this phenomenon, I have a few points that I would like to critique for the purpose of improving the paper, especially for clinicians in the audience: - I find it surprising that I could not find any mention of PSC, as a strong risk factor for CRC in IBD, anywhere in the paper. Why is there such a huge risk associated with PSC from the basic science perspective and is there a genetic component there as well? can modelling and extrapolation be done from this subset of patients to try and understand the molecular basis behind CRC development in IBD? - I also find it surprising that the most controversial point of this clinical situation is only lightly discussed (page 5): do 5ASA agents actually reduce the risk of CRC in UC? there has been a lot of controversy around this issue and I think for the average reader of such an article this needs to be tackled with more vigour, do other agents reduce this risk as well e.g. UDCA? - There is mention of increased numbers of prophylactic colectomy on page 8, please clarify if this is for patients with familial predisposition to



## BAISHIDENG PUBLISHING GROUP INC

8226 Regency Drive, Pleasanton, CA 94588, USA

Telephone: +1-925-223-8242

Fax: +1-925-223-8243

E-mail: [bpgooffice@wjgnet.com](mailto:bpgooffice@wjgnet.com)

<http://www.wjgnet.com>

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CRC or IBD patients?, if its the latter where is the data to support this claim? - On page 4 there is a statement that suggests that the incidence of CRC is almost equal between UC and colonic CD, the reference for this statement is very old, is there a more updated reference that can be used? also, please indicate that only a small proportion of CD patients have isolated colonic disease as this is clinically relevant. - In the summary of risk factors of CRC in IBD, some other risk factors should be added to the list such as shortened colon, pseudo-polyps, histologic inflammation, PSC, family history,....etc - Should a brief mention of surveillance be included? I will leave this part to the editors to decide?