

## PEER-REVIEW REPORT

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

**Manuscript NO:** 33359

**Title:** Circulating inflammatory factors associated with worse long-term prognosis in colorectal cancer

**Reviewer's code:** 02739495

**Reviewer's country:** China

**Science editor:** Ze-Mao Gong

**Date sent for review:** 2017-02-24

**Date reviewed:** 2017-02-25

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	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"/> The same title	<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"/> Duplicate publication	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input type="checkbox"/> Plagiarism	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input checked="" type="checkbox"/> No	<input type="checkbox"/> Major revision
		BPG Search:	
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

## COMMENTS TO AUTHORS

The authors in this study investigated whether the circulating inflammatory factors were associated with worse long-term prognosis in colorectal cancer (CRC). The results showed that high plasma levels of inflammatory factors were associated with an increased risk of total and CRC specific mortality among CRC patients. The whole manuscript is well designed and used a fluency style. 1. Figure1 and Figure2 should add P-value. 2. In table 5, there is not any significance between TNM stage I+II vs. TNM stage III+IV. How to explain this phenomenon? Add the explanation in Discussion. 3. Whether there is any difference among the plasma of CRC patients, patients with intestinal benign lesions, and healthy controls?

## PEER-REVIEW REPORT

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

**Manuscript NO:** 33359

**Title:** Circulating inflammatory factors associated with worse long-term prognosis in colorectal cancer

**Reviewer's code:** 03317066

**Reviewer's country:** China

**Science editor:** Ze-Mao Gong

**Date sent for review:** 2017-03-08

**Date reviewed:** 2017-03-10

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	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"/> The same title	<input type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C: Good		<input type="checkbox"/> Duplicate publication	
<input checked="" 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 checked="" 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

1. Since there are low number of patients in stage I and CRC specific mortality is low in stage I, the authors should show whether the univariate Cox regression analysis is reasonable. 2. The authors should show the grouping method about the inflammatory factors value. What is the difference between the grouping: "low-, median- or high levels" and "median levels".

## PEER-REVIEW REPORT

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

**Manuscript NO:** 33359

**Title:** Circulating inflammatory factors associated with worse long-term prognosis in colorectal cancer

**Reviewer's code:** 03552255

**Reviewer's country:** Bulgaria

**Science editor:** Ze-Mao Gong

**Date sent for review:** 2017-03-08

**Date reviewed:** 2017-03-15

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input checked="" type="checkbox"/> Grade A: Priority publishing	Google Search:	<input 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 checked="" 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"/> Duplicate publication	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input type="checkbox"/> Plagiarism	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input checked="" type="checkbox"/> No	<input type="checkbox"/> Major revision
		BPG Search:	
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

## COMMENTS TO AUTHORS

This manuscript represents a quite interesting topic concerning the serum level of circulating cytokines and their relation with cancer specific and/or total mortality in colorectal cancer patients. The overall structure of the manuscript is entirely complete and contains all the necessary attributes. I would suggest in section Keywords the "colorectal cancer" to be added. The authors clearly establish their own scientific hypothesis with the relevant endpoints in the Introduction section where they offer enough depth background on the issue. The authors give an adequate explanation of all steps of the technical implementation of the tests, which ensures reliability and repeatability of the results obtained. There have met the required ethical standards on the participation of patients in the study. The statistical processing of the data is accurate and adequate to draw conclusions from the relevant result. In Section Results authors identify certain types of cytokines that are associated with a worse specific cancers survival and another group which confer increased risk of total mortality rate. The

authors carried out relevant adjustment regarding the influence of certain variables-covariates. In my opinion, however, it is incorrect patients on stage in groups I + II and group III + IV to be grouped. Despite the insufficient number of patients, which determines the insufficient power of stage differentiation, stage IV (metastasis) particularly varies generally from other stages in terms of prognosis. Furthermore, it was shown in the recent past that certain patients in stage III have a better prognosis than those in stage II due to worse ratio of T (T4b), and N (N3) categories. This requires making appropriate corrections in the manuscript. Analysis of the results in Discussion section is on a high scientific level and would be of interest to the audience. The authors indicate the shortcomings of their study as also highlighted the achievements of other studies on the subject to date. Major drawback is the lack of stratification of patients with respect to the type of surgery - elective or emergency - with inflammatory complicated CRC (peritumorous abscess; perforation; bowel obstruction/peritonitis) or another major underlying inflammation, such as CRC based on inflammatory precancerous as IBD. This would change the profile of the inflammatory markers during the surgery. However, analysis of the results gives a clear answer to the scientific hypothesis. The authors applied correct figures and data tables. There are cited 38 literature sources. On page 9 / last line into the passage "... associated with an increased risk of CRC as a result of ongoing CRC progression over time ...." should be added "specific mortality" regarding the increased risk of CRC. From my perspective the proposed manuscript coincides with the scope of the journal. It has practical scientific value, therefore I propose that it should be approved for publication after certain adjustments.