

# PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

Manuscript NO: 82051

Title: Risk factors predict microscopic extranodal tumor deposits in advanced stage III

colon cancer patients

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 06393261 Position: Peer Reviewer Academic degree: PhD

**Professional title:** Clinical Assistant Professor (Honorary)

Reviewer's Country/Territory: Tunisia

**Author's Country/Territory:** Taiwan

Manuscript submission date: 2022-12-03

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-12-03 09:50

Reviewer performed review: 2022-12-05 11:55

**Review time:** 2 Days and 2 Hours

Scientific quality	[ ] Grade A: Excellent [ ] Grade B: Very good [Y] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish
Language quality	[ ] Grade A: Priority publishing [ Y] Grade B: Minor language polishing [ ] Grade C: A great deal of language polishing [ ] Grade D: Rejection
Conclusion	[ ] Accept (High priority) [ Y] Accept (General priority) [ ] Minor revision [ ] Major revision [ ] Rejection
Re-review	[Y]Yes [ ]No



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Peer-reviewer	Peer-Review: [Y] Anonymous [ ] Onymous
statements	Conflicts-of-Interest: [ ] Yes [ Y] No

# SPECIFIC COMMENTS TO AUTHORS

Dear Author, Thank you for the efforts you gave. I have a few comments, the purpose of which is to further improve your work. ABSTRACT The aim you reported in the abstract is not relevant to the manuscript. I propose "We conducted a retrospective study to investigate risk factors for extra nodal TD in stage III colon cancer" rather than "We conducted a retrospective study to investigate the risk factors in stage III colon cancer with extranodal TDs". BACKGROUND What do you mean by "adjusting post-operative chemotherapy"? In your methodology, you only include stage III colon cancer, which itself is an indication for chemotherapy. You mean switch to another protocol, add immunotherapy? I suggest you rephrase this sentence. METHODOLOGY Study design and population: You should specify that the diagnosis is based primarily on the pathological report. CT scan and PET scan are mainly done to eliminate a stage IV tumor, which does not meet the inclusion criteria. DISCUSSION You reported that "some studies have even stated that TDs and tumor budding are the only histological variables that independently predict tumor recurrence in stage III colon cancer". However, Nagayoshi & al (reference 8) found that "Tumor deposit was an independent prognostic factor in N0 and N1 colorectal cancer, whereas N2 cancer had poor survival outcome regardless of tumor deposit." This reference (N° 8) should be revised. Otherwise, it may confirm the results you found. You found no statistically significant difference between overall free- srvival among patients with and without LVI within N1c group (p=0.097 > 0.05). "We showed that LVI could predict CRC in patients with the N1c component", this sentence must be expressed differently. LVI cannot predict CRC, since patient were operated with the diagnosis of a colon



carcinoma.

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Peer-review model: Single blind

Reviewer's code: 06290122
Position: Peer Reviewer

Academic degree: MD

**Professional title:** Doctor, Professor

Reviewer's Country/Territory: China

Author's Country/Territory: Taiwan

Manuscript submission date: 2022-12-03

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-12-05 07:08

Reviewer performed review: 2022-12-14 02:35

**Review time:** 8 Days and 19 Hours

Scientific quality	[ ] Grade A: Excellent [ ] Grade B: Very good [ Y] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish
Language quality	[ ] Grade A: Priority publishing [ Y] Grade B: Minor language polishing [ ] Grade C: A great deal of language polishing [ ] Grade D: Rejection



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Conclusion	[ ] Accept (High priority) [ ] Accept (General priority) [ ] Minor revision [ Y] Major revision [ ] Rejection
Re-review	[Y]Yes [ ]No
Peer-reviewer	Peer-Review: [Y] Anonymous [ ] Onymous
statements	Conflicts-of-Interest: [ ] Yes [ Y] No

### SPECIFIC COMMENTS TO AUTHORS

The authors conducted a retrospective study to investigate the risk factors in stage III colon cancer with extranodal TDs. The reserch is derived from AJCC TNM staging on TD in colon cancer. The paper is well-written and the research is interesting. However, in the N1c with LVI subgroup, the sample size is just 3 cases and the sum is too small, which may result in serious bias for the conclusion. In addition, in your figures, you should present the HE stainings of TD and non-TD.



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Title: Risk factors predict microscopic extranodal tumor deposits in advanced stage III

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Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 06269450 Position: Peer Reviewer Academic degree: MD

**Professional title:** Doctor

Reviewer's Country/Territory: China

Author's Country/Territory: Taiwan

Manuscript submission date: 2022-12-03

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-12-07 04:42

Reviewer performed review: 2022-12-14 03:34

**Review time:** 6 Days and 22 Hours

Scientific quality	[ ] Grade A: Excellent [ ] Grade B: Very good [Y] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish
Language quality	[ ] Grade A: Priority publishing [ Y] Grade B: Minor language polishing [ ] Grade C: A great deal of language polishing [ ] Grade D: Rejection
Conclusion	[ ] Accept (High priority) [ ] Accept (General priority) [ ] Minor revision [ Y] Major revision [ ] Rejection
Re-review	[Y]Yes [ ]No



Peer-reviewer	Peer-Review: [Y] Anonymous [ ] Onymous
statements	Conflicts-of-Interest: [ ] Yes [Y] No

### SPECIFIC COMMENTS TO AUTHORS

This manuscript aims to study the relationship between LVI, TDs and the survival time of patients with stage III colon cancer. The study has certain clinical significance, but there are the following problems: 1. The results in the Abstract section are incorrect, please check and modify. 2. The manuscript only lists the exclusion criteria, and does not write the specific inclusion criteria of patients. 3. The results of the study only analyzed the relationship between the overall survival rates and LVI, the relationship between disease-free survival rates and LVI. Conclusion How did the conclusions arrive at the relationship between LVI and TDs and how TDs combined with LVI can predict poor patient outcomes, please conduct more detailed and accurate analysis.



### RE-REVIEW REPORT OF REVISED MANUSCRIPT

Name of journal: World Journal of Gastroenterology

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Title: Risk factors predict microscopic extranodal tumor deposits in advanced stage III

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Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 06290122 Position: Peer Reviewer Academic degree: MD

Professional title: Doctor, Professor

Reviewer's Country/Territory: China

**Author's Country/Territory:** Taiwan

Manuscript submission date: 2022-12-03

Reviewer chosen by: Yu-Lu Chen

Reviewer accepted review: 2023-01-23 09:09

Reviewer performed review: 2023-01-23 09:41

Review time: 1 Hour

Scientific quality	[ ] Grade A: Excellent [Y] Grade B: Very good [ ] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish
Language quality	[ ] Grade A: Priority publishing [ Y] Grade B: Minor language polishing [ ] Grade C: A great deal of language polishing [ ] Grade D: Rejection
Conclusion	[ ] Accept (High priority) [Y] Accept (General priority) [ ] Minor revision [ ] Major revision [ ] Rejection
Peer-reviewer	Peer-Review: [Y] Anonymous [ ] Onymous



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statements

Conflicts-of-Interest: [ ] Yes [Y] No

## SPECIFIC COMMENTS TO AUTHORS

The paper is well-written, and the research is interesting. The authors conducted a retrospective study to investigate the risk factors in stage III colon cancer with extranodal TDs. The authors answered the questions and revised this manuscript correctly.



# RE-REVIEW REPORT OF REVISED MANUSCRIPT

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Title: Risk factors predict microscopic extranodal tumor deposits in advanced stage III

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Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 06269450
Position: Peer Reviewer
Academic degree: MD

**Professional title:** Doctor

Reviewer's Country/Territory: China

**Author's Country/Territory:** Taiwan

Manuscript submission date: 2022-12-03

Reviewer chosen by: Yu-Lu Chen

Reviewer accepted review: 2023-01-24 00:19

Reviewer performed review: 2023-01-25 04:15

**Review time:** 1 Day and 3 Hours

Scientific quality	[ ] Grade A: Excellent [Y] Grade B: Very good [ ] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish
Language quality	[ ] Grade A: Priority publishing [ Y] Grade B: Minor language polishing [ ] Grade C: A great deal of language polishing [ ] Grade D: Rejection
Conclusion	[ ] Accept (High priority) [Y] Accept (General priority) [ ] Minor revision [ ] Major revision [ ] Rejection
Peer-reviewer	Peer-Review: [Y] Anonymous [ ] Onymous



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statements

Conflicts-of-Interest: [ ] Yes [Y] No

## SPECIFIC COMMENTS TO AUTHORS

The authors conducted a retrospective study to investigate the risk factors in stage III colon cancer with extranodal TDs. The research is derived from AJCC TNM staging on TD in colon cancer. After revision, the manuscript has become more rigorous, and I think it can meet the publishing requirements.