

## PEER-REVIEW REPORT

**Name of journal:** *World Journal of Gastrointestinal Surgery*

**Manuscript NO:** 87155

**Title:** Oncological features and prognosis of HIV-positive colorectal cancer using propensity score matching: a retrospective study

**Provenance and peer review:** Unsolicited Manuscript; Externally peer reviewed

**Peer-review model:** Single blind

**Reviewer's code:** 05776275

**Position:** Peer Reviewer

**Academic degree:** PhD

**Professional title:** Research Associate

**Reviewer's Country/Territory:** United Kingdom

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

**Manuscript submission date:** 2023-09-29

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2023-10-09 11:21

**Reviewer performed review:** 2023-10-20 15:46

**Review time:** 11 Days and 4 Hours

Scientific quality	<input checked="" type="radio"/> Grade A: Excellent <input type="radio"/> Grade B: Very good <input type="radio"/> Grade C: Good <input type="radio"/> Grade D: Fair <input type="radio"/> Grade E: Do not publish
Novelty of this manuscript	<input checked="" type="radio"/> Grade A: Excellent <input type="radio"/> Grade B: Good <input type="radio"/> Grade C: Fair <input type="radio"/> Grade D: No novelty
Creativity or innovation of this manuscript	<input checked="" type="radio"/> Grade A: Excellent <input type="radio"/> Grade B: Good <input type="radio"/> Grade C: Fair <input type="radio"/> Grade D: No creativity or innovation

<b>Scientific significance of the conclusion in this manuscript</b>	<input checked="" type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No scientific significance
<b>Language quality</b>	<input checked="" type="checkbox"/> Grade A: Priority publishing <input type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
<b>Conclusion</b>	<input checked="" type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
<b>Re-review</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>Peer-reviewer statements</b>	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous
	Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

## SPECIFIC COMMENTS TO AUTHORS

The manuscript demonstrated the necessity of establishing standard treatment procedure for HIV-positive patients with colorectal cancer. The manuscript is the first to show the differences in postoperative pathological features between patients with combination of HIV and colorectal cancer and patients with CRC alone. This manuscript discovered that HIV patients have significantly more lymph nodes metastasis than HIV negative patients. The manuscript also demonstrated that HIV patients have higher N and TNM stages than HIV negative patients. HIV positive patients have worse prognosis, hence require more attention by Clinical practitioner and treat the population more aggressively

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**Peer-review model:** Single blind

**Reviewer's code:** 02513287

**Position:** Peer Reviewer

**Academic degree:** MD

**Professional title:** Doctor

**Reviewer's Country/Territory:** United States

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

**Manuscript submission date:** 2023-09-29

**Reviewer chosen by:** Yu-Lu Chen

**Reviewer accepted review:** 2023-11-13 12:49

**Reviewer performed review:** 2023-11-14 17:31

**Review time:** 1 Day and 4 Hours

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input checked="" type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
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	Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

## SPECIFIC COMMENTS TO AUTHORS

World Journal of Gastrointestinal Surgery RE: Oncological Features and Prognosis of HIV-positive Colorectal Cancer Using Propensity Score Matching: A Retrospective Study

I appreciate the opportunity to review this article. As aging HIV researcher, I read this with a great deal of interest. We need many more articles like this that provide insights about the treatment outcomes and clinical characteristics of people with HIV compared to their HIV-negative counterparts. Overall, I don't have an major concerns about the information presented or the methodology that was used. Yes, this could be larger sample in which the conclusions could have more ecological validity and generalizability, but as it stands now, this is a valid and valiant first attempt at elucidating this phenomenon. I do have a few suggestions and comments below, in no specific order. But let me mention now, to increase the readability and the reach of this article, the authors should consider that others outside of oncology will no have such a knowledge of the wide array of acronyms used here; the over use of acronyms is unpleasant and unhelpful. So many times, I was completely lost as to what the authors were trying to communicate. During such times, it appeared that the knowledge was



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only being communicate to someone specifically in their field and not made available to other scientists like me. • Lines 44 and 45 – No idea what CES stands for means. What is higher N stage? What is TNM? This is completely lost in the abstract. Is this important to know? • Lines 79 – Why use NADC? Don't introduce so many acronyms!!! There is plenty of room to state this each time. Otherwise, it really confuses the reading!!!!!! • Lines 114-115 – Why is it important to state no AI tools? Please explain for us who are not familiar with this. • Line 117 – Is PSM a necessary acronym? Why not state it each time? • Lines 154-155 – “Fifteen patients were diagnosed with HIV before adminission.” What does this mean. Does this men that the others who came in for CRC did not know they were HIV positive? Wow! That is a shock!! So the CRC brought them into medical care where then they were also diagnosed with HIV? Amazing. Please be more specific about this in the description. This changes a lot of things about the article. • Lines 193 – 194 – What is TNM, MSI, RAS, BRAF? Not a clue! • Line 205-206 – Good finding – “we discovered that HIV-positive patients had significantly more lymph node metastases than HIV-negative patients” – Good information to share!!! • Line 216-218 – “However, the overall survival and progression free survival were shorter in HIV-positive patients than in HIV-negative patients.” Also good information to share!!! • Line 278-279 – What is PS? What does unfavorable Duke stages mean? • Line 291 – Explain importance of FOLFOX4. What is this? • Line 320-321 – “Also, standard treatment protocols may (be) unavailable for this population” What does this mean exactly? • Line 322 – What does humanistic care mean? • Line 331 – I think they men “due” and not “duo”. • Tables – In the notes section of EACH table, the acronyms should be spelled out. I can't really make sense of the tables without it. • Table 2 – What does “main comorbidity” mean?