

## PEER-REVIEW REPORT

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

**Manuscript NO:** 88960

**Title:** Risk Factors, Prognostic Factors, and Nomograms for Distant Metastasis in Patients with Diagnosed Duodenal cancer: A Population-Based Study

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

**Peer-review model:** Single blind

**Reviewer's code:** 04092078

**Position:** Editorial Board

**Academic degree:** MD

**Professional title:** Professor

**Reviewer's Country/Territory:** Nigeria

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

**Manuscript submission date:** 2023-10-16

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

**Reviewer accepted review:** 2023-12-17 10:56

**Reviewer performed review:** 2023-12-17 12:25

**Review time:** 1 Hour

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Novelty of this manuscript	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No novelty
Creativity or innovation of this manuscript	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> 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 type="checkbox"/> Grade A: Priority publishing <input checked="" 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 type="checkbox"/> Accept (High priority) <input checked="" type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
<b>Re-review</b>	<input checked="" type="checkbox"/> Yes <input 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

Risk Factors, Prognostic Factors, and Nomograms for Distant Metastasis in Patients with Diagnosed Duodenal cancer: A Population-Based Study" for consideration for publication in "World Journal of Gastrointestinal Oncology". The study addresses duodenal cancer, to improve the prognosis for patients with distant metastasis (DM). The study subject is of interest since there is a lack of studies focusing on the diagnostic and prognostic evaluation of DM in patients with primary duodenal cancer. The authors utilized data from the Surveillance, Epidemiology, and End Results (SEER) database to investigate the risk factors for DM and identify prognostic factors in patients with duodenal cancer. They developed two novel nomograms to predict DM occurrence and personalized prognosis for these patients. They utilized logistic and Cox regression analyses, to identify independent risk factors for DM and determined the prognostic factors in patients with duodenal cancer and DM. The nomograms they developed exhibited accurate prediction capabilities, as validated by receiver operating characteristic (ROC) curves, calibration curves, decision curve analysis (DCA), and Kaplan-Meier (K-M) survival curves. In my view, the determinant factors for DM in



**Baishideng  
Publishing  
Group**

7041 Koll Center Parkway, Suite  
160, Pleasanton, CA 94566, USA  
**Telephone:** +1-925-399-1568  
**E-mail:** [office@baishideng.com](mailto:office@baishideng.com)  
<https://www.wjgnet.com>

duodenal cancer would be multi-factorial combining a number of risk factors using a risk stratification approach. The addition of non-invasive imaging methods for example High-Frequency Ultrasound Duodenography and Colonography could provide local cancer tissue characterization of duodenal cancer for those most at risk of DM. The factors identified could be stratified with each associated with an attributable risk and relative risk. A combination of the overall risk assessment provide the likelihood of DM as a future unwanted event. Overall the authors present an important finding that begins the discussion of these novel approaches. It would need further work to realize the full use in clinical evaluation of each patient with duodenal cancer.