ESPS PEER-REVIEW REPORT

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
[ ] Grade A: Excellent	[ ] Grade A: Priority publishing	Google Search:	[ ] Accept
[ ] Grade B: Very good	[Y] Grade B: Minor language polishing	[ ] The same title	[ ] High priority for publication
[ ] Grade C: Good		[ ] Duplicate publication	
[Y] Grade D: Fair	[ ] Grade C: A great deal of language polishing	[ ] Plagiarism	[ ] Rejection
[ ] Grade E: Poor		[Y] No	[ ] Minor revision
	[ ] Grade D: Rejected	BPG Search:	[Y] Major revision
		[ ] The same title	
		[ ] Duplicate publication	
		[ ] Plagiarism	
		[Y] No	

COMMENTS TO AUTHORS

This is a review of CgA and its potential use in various situations.   From the section on GEP NETS, the authors seem to suggest that it has a well established role in diagnosis although the conclusions suggest that there is a need to search for better biomarkers.   it might be confusing for readers who are not so familiar with the topic.   In general, because there are so many benign and common situations like hypertension and use of PPI that can cause CgA elevations, its role as a biomarker for NET and other tumours is very limited and needs to be properly explained in the manuscript.   It is precisely for this reason that many investigators are exploring other biomarkers for NETs, and at this current time, the use of CgA in NETs is primarily limited for use of treatment response if there happens to be a pre-treatment elevation.

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Methodology
ESPS manuscript NO: 30770
Title: Chromogranin A as a valid marker in oncology: Clinical application or false hopes?
Reviewer's code: 00504704
Reviewer's country: United States
Science editor: Fang-Fang Ji
Date sent for review: 2016-10-19 16:14
Date reviewed: 2016-10-20 01:13

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
[ ] Grade A: Excellent	[ ] Grade A: Priority publishing	Google Search:	[ ] Accept
[Y] Grade B: Very good	[Y] Grade B: Minor language	[ ] The same title	[ ] High priority for
[ ] Grade C: Good	polishing	[ ] Duplicate publication	publication
[ ] Grade D: Fair	[ ] Grade C: A great deal of	[ ] Plagiarism	[ ] Rejection
[ ] Grade E: Poor	language polishing	[Y] No	[Y] Minor revision
	[ ] Grade D: Rejected	BPG Search:	[ ] Major revision
		[ ] The same title	
		[ ] Duplicate publication	
		[ ] Plagiarism	
		[Y] No	

COMMENTS TO AUTHORS

This is a good review.   To be more helpful, remember that your readers will be getting labs back and get a number, not just "elevated"   It would really help to put down observed ranges of CGA for each of the conditions in table 1,2.   NET can easily surpass 30,000 ng/ml- the other conditions not so much.   If your reader has a value of 30,000 ng/ml in a patient with renal failure, is this still indicative of NET, or can renal disease cause elevation to that degree, etc.   It would be useful to mention a range of variation when following an individual.   I've certainly seen patients with NET vary up and down several thousand ng/ml without an observable change in clinical status.   "It is produced by the human myocardium and exerts negative inotropic effect"- This statement needs a reference   page 3   spelling error -extend should be extent   You used both tumour and tumor in the text- please use one form only

ESPS PEER-REVIEW REPORT

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
[ ] Grade A: Excellent	[Y] Grade A: Priority publishing	Google Search:	[Y] Accept
[ ] Grade B: Very good	[ ] Grade B: Minor language polishing	[ ] The same title	[ ] High priority for publication
[Y] Grade C: Good	[ ] Grade C: A great deal of language polishing	[ ] Duplicate publication	[ ] Rejection
[ ] Grade D: Fair	[ ] Grade D: Rejected	[ ] Plagiarism	[ ] Minor revision
[ ] Grade E: Poor		[Y] No	[ ] Major revision
		BPG Search:	
		[ ] The same title	
		[ ] Duplicate publication	
		[ ] Plagiarism	
		[Y] No	

COMMENTS TO AUTHORS

The manuscript is well written. some investigators working in field may have interest to read.