

The letter is exceptionally well-structured and professionally composed, offering a balanced and insightful critique of the original multicenter study. The authors begin by appropriately acknowledging the significance of the research—particularly its focus on short-term mortality in CRC patients within the ICU, a topic of considerable clinical relevance given the increasing prevalence of cancer-related critical care admissions. They rightly highlight the originality of the study in being the first to provide multicenter data on 90-day mortality in this patient population, which substantially strengthens the generalizability of the findings compared to single-center reports. What distinguishes this letter is its constructive approach: rather than merely identifying limitations, the authors propose three specific and clinically meaningful refinements that could enhance the utility and precision of the original research. First, they suggest a more detailed stratification of chemotherapy history—including regimens, phases (neoadjuvant versus adjuvant), and timing relative to ICU admission—which could reveal nuanced risk profiles that are currently overlooked. Second, they recommend an attribution analysis of ICU admission causes, such as postoperative complications, treatment-related toxicities, or disease progression, which would help clinicians better anticipate and prevent critical deteriorations. Third, and perhaps most innovatively, they advocate for the integration of CRC-specific biomarkers—such as CEA levels, TNM staging, or even molecular subtypes—into established ICU prognostic scores like APACHE II or SOFA. This could significantly improve predictive accuracy and support more individualized clinical decision-making. Each argument is thoroughly supported by current and relevant literature, demonstrating both scholarly rigor and a clear understanding of ongoing discourses in oncology and critical care. The authors successfully bridge translational gaps between general ICU scoring systems and cancer-specific prognostic factors, thereby adding value to the original study without undermining its contributions. Overall, the letter is not only methodologically sound but also offers practical recommendations

that could inspire future research directions. It unquestionably meets the standards for publication and would be a valuable addition to the journal.

Reply: Thanks for your comments.

114109-Answering Editors and Reviewers

Point-by-Point Responses to Editors and Reviewers

Manuscript ID: 114109

Title: Prognosis of intensive care unit patients with colorectal cancer

Authors: Yu Ting Liao, Wen-Liang Zhu

We sincerely thank the editors and reviewers for their positive evaluation of our letter and their constructive comments. We are greatly encouraged by the comments that our letter is “*exceptionally well-structured and professionally composed*” and offers “*practical recommendations that could inspire future research directions*”.

We have carefully revised the manuscript according to all the comments and suggestions. The point-by-point responses are provided below. All changes in the revised manuscript have been highlighted in yellow for your convenience.

Response to Editor’s Comments

Comment (1) Science Editor - Scientific Quality & Classification

We thank the editor for the positive assessment of our letter’s scientific quality as Grade A and the very favorable summary of the peer-review report.

Response: We are grateful for this encouraging feedback.

Comment (2) Science Editor - Language Classification (Grade A) and Language Certificate

The editor notes the language is Grade A but requires a latest language certificate from a professional editing company.

Response: We thank the editor for noting the language quality of our manuscript. While we have made the required formatting and citation changes as outlined in our point-by-point responses, the core grammatical and syntactic structure of the original text remained unchanged. Therefore, we have utilized the original language editing certificate from LetPub that was obtained for the initial submission. This certificate confirms that the foundational language quality of the manuscript meets the journal's standard.

We have ensured that all new text added during revision (e.g., the new citation) was polished to match the same level of language quality. The original certificate is re-submitted as a separate file (114109-Non-Native Speakers of English Editing Certificate).

Comment (3) Science Editor - Manuscript Title Capitalization

The title should have only the first word capitalized.

Response: We have corrected the title to: “Prognosis of intensive care unit patients with colorectal cancer”.

Comment (4) Science Editor - Key Words Format

The keywords require capitalization of the first letter of each word and separation by semicolons.

Response: We have reformatted the Key Words section as required: “Colorectal cancer; Intensive care unit; Prognosis; Prognosis factors; Multicenter study”.

Comment (5) Science Editor - Audio Core Tip

The journal requests an audio file of the Core Tip.

Response: The audio file (114109-Audio Core Tip) was recorded using professional audio equipment to ensure superior sound quality and clarity, and is ready for submission.

Comment (6) Science Editor - Reference Numbers in Main Text

Reference numbers should be placed immediately after the author(s)' name when mentioned in the sentence.

Response: We have thoroughly checked the manuscript and corrected the placement of all reference numbers to comply with this rule. For example, we have ensured it appears as: “Wang X et al.[5] suggests...”

Comment (7) Science Editor - References Formatting

References need to be edited using the "Auto-Analyser" tool.

Response: We have used the “Edit References by Auto-Analyser” tool on the F6Publishing platform to check, standardize, and complete the DOI and PMID information for all references. The reference list is now fully formatted according to the journal's guidelines.

Comment (8) Science Editor - Missing Reference to the Discussed WJGO Article

The original article by Dong et al. must be cited in the text and added to the reference list.

Response: We sincerely apologize for this oversight. We have now added the citation for the discussed article in the first paragraph of our letter as “**Dong et al[1]**” and included the full reference in the reference list as:

1 Dong Q, Xia R, Xing XZ, Wang CS, Ma G, Wang HZ, Zhu B, Zhao JH, Zhou DM, Zhang L, Huang MJ, Quan RX, Ye Y, Zhang GX, Jiang ZY, Huang B, Xu SL, Xiao Y, Zhang LL, Lin RY, Ma SL, Qiu YA, Zheng Z, Sun N, Xian LW, Li J, Zhang M, Guo ZJ, Tao Y, Zhou XZ, Chen W, Wang DX, Chi JY, Wang DH, Liu KZ. Intensive care unit outcomes and prognostic factors of colorectal cancer. World J Gastrointest Oncol 2025; In press

Comment (9) Science Editor - Acknowledgements

Acknowledgements should only include persons who made genuine contributions; commercial companies should not be named.

Response: We have complied with the journal's policy by completely removing the "Acknowledgments" section from the manuscript, as there were no individuals beyond the listed authors who made substantive contributions requiring formal acknowledgement. The section has been deleted in its entirety.

Response to Additional Author Guidelines Suggestions

We have also taken note of the general advice for revising manuscripts:

1. **Language Polishing:** As stated above, the manuscript has been professionally edited, and a certificate is provided.
2. **Author Names:** We have verified that both Chinese authors' names are presented in the correct 拼音 format (e.g., Yu-Ting Liao, Wen-Liang Zhu).
3. **Figures and Tables:** Our letter does not contain any figures or tables. Should any be included in the future, we will adhere to the strict formatting guidelines provided.
4. **References:** We have ensured reference numbering is sequential in the text. We

used the Auto-Analyser to add PMID/DOIs and have verified the relevance of all cited references to our letter's topic. We confirm that we have not engaged in excessive self-citation.

5. **Plagiarism Check:** The professionally edited manuscript has been checked for originality.
6. **Funding Documents:** We confirm that [if applicable: the necessary funding approval documents are uploaded] [if not applicable: this work did not receive any specific funding].
7. **Audio Core Tip:** As stated above, the audio file is prepared and polished.
8. **Acknowledgements:** As stated above, We have completely removed the Acknowledgements section from the manuscript.

Conclusion

We believe that we have addressed all comments from the editors and reviewers thoroughly. The revisions have significantly improved the quality of our manuscript. We thank you for the opportunity to revise our work and hope it is now deemed suitable for publication in the World Journal of Gastrointestinal Oncology.

Sincerely,

Wen Liang Zhu

Guangxi Medical University Cancer Hospital