



PEER-REVIEW REPORT

Name of journal: *World Journal of Gastrointestinal Oncology*

Manuscript NO: 114109

Title: Prognosis of intensive care unit patients with colorectal cancer

Provenance and peer review: Invited manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 07821134

Position: Peer Reviewer

Academic degree and professional title: Assistant Professor, MD

Reviewer's Country/Territory: China

Author's Country/Territory: China

Manuscript submission date: 2025-09-11

Reviewer chosen by: AI Editor

Reviewer accepted review: 2025-09-11 08:21

Reviewer performed review: 2025-09-15 13:28

Review time: 4 Days and 5 Hours

Content to be reviewed	Does the manuscript's content fall within the scope of the journal? Yes Is there any Key Word that is not included in the manuscript title? Yes Do authors' affiliations correspond to the content of the manuscript? Yes Does the Abstract contain the contents of each part of the manuscript (IMRaD)? Yes Are the Key Words complete? Yes Is the content of the Introduction adequate? Not
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Baishideng Publishing Group

7041 Koll Center Parkway, Suite
160, Pleasanton, CA 94566, USA
Telephone: +1-925-399-1568
E-mail: office@baishideng.com
https://www.wjgnet.com

Applicable

Is the content of the Materials and Methods complete?

Not Applicable

Is the description of the experiments clear and complete? **Not Applicable**

Are the experimental data presented in the manuscript's biostatistics content reliable? **Not Applicable**

Are the experimental data of the Results true and reliable? **Not Applicable**

Are the quality and resolution of the images up to standard? **Not Applicable**

Do the selection and design of the figures and tables follow the principles of necessity and clarity? **Not Applicable**

Is there any duplication between various parts of the manuscript and between the main text and the content presented in the figures and tables? **Not Applicable**

Are the figures and tables numbered consecutively in the order in which they appear in the manuscript? **Not Applicable**

Is the content of the Discussion reasonable? **Not Applicable**

Is the Conclusion reasonable? **Not Applicable**

Are all references necessary and reasonable? **Yes**

Do authors omit important references? **Yes**

Are all references related to the topic of the manuscript? **Yes**

Do authors only cite their own earlier publications? **Yes**

Is the manuscript's text correct, concise, and clear? **Yes**

Will the manuscript's content be of interest to readers?



	Yes Are additional experiments needed for the study? No Does the research scope comply with ethics? Not Applicable
Scientific quality	Grade A (Excellent)
Novelty of this manuscript	Grade A (Excellent)
Creativity or innovation of this manuscript	Grade B (Very Good)
Scientific significance of the conclusion in this manuscript	Grade A (Excellent)
Language quality	Grade A (Excellent)
Does this manuscript describe a study of the existing knowledge system?	Yes
Does this manuscript report a revolutionary innovation?	No
Does this manuscript report an unconventional innovation?	No
Conclusion	Accept
Re-review	Yes
Peer-reviewer statements	Peer-Review: Anonymous
	Conflicts-of-Interest: No
Are your review comments generated by AI tools?	No

SPECIFIC COMMENTS TO AUTHORS

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



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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.