



PEER-REVIEW REPORT

Name of journal: *World Journal of Gastrointestinal Surgery*

Manuscript NO: 110695

Title: Influencing factors and predictive model of the early postoperative recurrence of colorectal cancer with obstruction

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer’s code: 08648089

Position: Peer Reviewer

Academic degree and professional title: PhD

Reviewer’s Country/Territory: Netherlands

Author’s Country/Territory: China

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Reviewer chosen by: AI Editor

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

Is the content of the Materials and Methods complete?
Yes

Is the description of the experiments clear and complete? **Yes**

Are the experimental data presented in the manuscript's biostatistics content reliable? **Yes**

Are the experimental data of the Results true and reliable? **Yes**

Are the quality and resolution of the images up to standard? **Yes**

Is there any duplication between various parts of the manuscript and between the main text and the content presented in the figures and tables? **No**

Do the selection and design of the figures and tables follow the principles of necessity and clarity? **Yes**

Are the figures and tables numbered consecutively in the order in which they appear in the manuscript? **Yes**

Is the content of the Discussion reasonable? **Yes**

Is the Conclusion reasonable? **Yes**

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

Do authors omit important references? **No**

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

Do authors only cite their own earlier publications? **No**

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? **Yes**



Scientific quality	Grade C (Good)
Novelty of this manuscript	Grade B (Very Good)
Creativity or innovation of this manuscript	Grade B (Very Good)
Scientific significance of the conclusion in this manuscript	Grade C (Good)
Language quality	Grade C (Good)
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	Minor revision
Re-review	No
Peer-reviewer statements	Peer-Review: Anonymous
	Conflicts-of-Interest: No
Are your review comments generated by AI tools?	No

SPECIFIC COMMENTS TO AUTHORS

This retrospective analysis examined the risk factors for early postoperative recurrence in 181 patients with colorectal cancer and obstruction, and developed a nomogram prediction model, providing new evidence for clinical assessment of recurrence risk in such patients. The study design is clear, and the methodology is rigorous. Through univariate and multivariate logistic regression analysis, preoperative CEA, SII, TNM staging, differentiation grade, and Ki-67 expression were identified as independent risk factors. The model achieved an AUC of 0.890, and both goodness-of-fit and decision



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curve analysis support its clinical utility, demonstrating significant academic value. Focusing on the special population of colorectal cancer patients with obstruction, this study addresses a group with complex conditions and high recurrence risk, demonstrating strong research specificity and filling a gap in early recurrence prediction models in this field. 1. The single-center retrospective design has limitations. While the sample size of 181 cases meets the basic requirements for analysis, it lacks statistical power for rare subgroups (e.g., only 3 cases of Kallmann syndrome), which may lead to biased results; 2. Neural invasion showed significant differences in univariate analysis ($P=0.037$) but was not included in the multivariate model. The authors did not explain the reason for this exclusion and should conduct additional analyses to assess its collinearity or interaction with other factors; 3. The model lacks external validation, as it was constructed solely based on single-center data, and its generalizability remains to be verified; 4. The follow-up period was only 2 years, which meets the definition of “early recurrence,” but the recurrence trend after 2 years was not explored, making it impossible to assess the model's predictive value for long-term prognosis. The authors need to extend the follow-up period or provide additional clarification on the limitations of short-term follow-up. It is recommended that future studies track 5-year recurrence data; 5. The cutoff values for preoperative SII and CEA were not clearly defined, making it difficult to quantify risk stratification in clinical applications.