Reviewer's report

Title: Young Age Increases the Risk for of Lymph Node Metastasis in Patients with Early Colon Cancer

Version: 1 Date: 20 Apr 2019

Reviewer: Thomas Curran

Reviewer's report:

The authors have responded to some of the previously made comments. The following issues remain and should be addressed prior to publication:

Overall:

- Awkward language constructions persist throughout the text. These must be further revised. Example: Page 7, Line 3: Is younger age has effect on lymph node positivity in colon cancer T1 to T2? This is not an appropriate English language construction. This should read: Does younger age have an effect on lymph node positivity in T1-2 colon cancer?

Abstract:

- There is still a reference to colon cancer with "mucosal invasion." Again, as previously noted, T1 colon cancer invades the submucosa. According to the AJCC 8th edition, mucosal invasion would describe patients with intramucosal carcinoma which are not a part of this study. This must be revised.
- The author's replied that: "Although the C-index is below 0.70, this nomogram prediction is still based on large group of patients (n=41490) and shows more accurate prediction than traditional AJCC TNM system, which means this nomogram model exhibits better clinical application potential." Please clarify this statement. How is this more accurate than the AJCC TNM system? TNM uses the nodal status as a predictor. Your model attempts to predict nodal status. They are two totally different things and cannot be compared.

Introduction:

- This sentence needs to be revised as it does not communicate a clear idea: Although current screening guidelines 1 do not recommend routine 2 screening for young adults, several examinations, such as colonoscopy and faecal 3 occult blood test, which are necessary for young adults with suspected CRC3,14
- Increasing numbers of positive lymph nodes is a negative prognostic sign, not a positive sign. This must be revised. "the involvement of an increased number of lymph nodes is associated with positive outcomes" survival18,19"
- The "current study" should not be referred to as "the recent study."

Methods:
- the means of model selection are still not specified.

Results:
- Page 14, Line 5: average age +/ presumably refers to standard deviation but this should be specified.
- Page 15, line 15: it states that five factors entered the analysis but only four are listed; grade, depth of invasion, age, race.

Discussion:
- This statement must be clarified. What exactly are the authors advocating in this circumstance? Complete mesocolic excision? This is a controversial statement that would need further supporting evidence.
- Page 19, Line 14-15: "and regional lymph node resection might not be sufficient to treat these patients"
- The authors advocate: more aggressive regional resections (extend colon resection and/or extend lymph nodes resection) and yet offer no evidence to support extended lymphadenectomy. This should be further supported if this claim is to remain.
- What exactly does this refer to: "Regional resections." Resections with inadequate lymph node retrieval?
- The specific clinical utility of the nomogram and the decision analysis curve should be discussed in further detail.

Table 1:
- Again, the reference category should be explicitly stated.
Are the methods appropriate and well described?
If not, please specify what is required in your comments to the authors.

No

Does the work include the necessary controls?
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