



SDI Review Form 1.6

PART 1:

Journal Name:	British Journal of Medicine and Medical Research
Manuscript Number:	MS: 2012/BJMMR/2644
Title of the Manuscript:	Gene Expression Profiling Identified High-mobility Group AT-hook 2 (HMGA2) as Being Frequently Upregulated in Esophageal Squamous Cell Carcinoma.

General guideline for Peer Review process is available in this link:

(<http://www.sciencedomain.org/page.php?id=sdi-general-editorial-policy#Peer-Review-Guideline>)

- This form has total 9 parts. Kindly note that you should use all the parts of this review form.



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PART 2: Review Comments

	Reviewer's comment	Author's comment (<i>if agreed with reviewer, correct the manuscript and highlight that part in the manuscript. It is mandatory that authors should write his/her feedback here</i>)
<u>Compulsory</u> REVISION comments	<ol style="list-style-type: none"> 1. This study lacked a strong rationale to explain why HMGA2 and other candidates were selected for validation, since they neither were on the top of the profiling list nor had the most significance in ESCC as noticed. 2. Given some known markers, such as DKK1, which have been reported to be of importance in ESCC, the authors should include one or two of these markers as the positive controls to assess their candidates in parallel. These results will support the efficacy of the models and methods that were used in this study. 3. There was no information available for the clinical samples that were used in this study. 4. It is unclear how the authors analyzed the IHC data. Figure 2 is not enough to support the conclusion drawn in the manuscript. A valid statistical analysis should be performed. 	<ol style="list-style-type: none"> 1. HMGA2, PEG10, SHANK2 and WISP3 were selected for further validation due to their potential involvement in tumorigenesis based on literature search. This statement has been mentioned in Results section. 2. We agreed that including more markers as positive controls is a good suggestion. However, the scope of this paper is not focused on biomarker sensitivity and specificity. Therefore, we do not include further experimental data to illustrate this idea. Despite that, the scope and study design suggested by this reviewer is of great interest for future study. 3. Detailed clinical information of tumor used for establishing HKESC-4 cell line has been described in published paper as mentioned in text. For the other clinical specimens used for qPCR and immunohistochemistry, they are randomly selected specimens from our patient cohort in the hospital and no specific criteria are applied. 4. For immunohistochemical data, we mentioned the stained sections were evaluated by a pathologist, Dr AK Lam. The percentage of overexpression of HMGA2 is obtained by dividing the number of positively stained sections by the total number of stained sections.
<u>Minor</u> REVISION comments	There are no figure legends	Figure legends have been added.
<u>Optional/General</u> comments	N/A	

Special Note: Clinical samples were used in the study but no disclosure was available regarding the IRB approval .