

Abstract: There is a ~~tremendous-considerable~~ need for ~~the development ofing~~ new ~~useful~~ prognostic factors in ovarian cancer. Galectins are ~~a family of~~ carbohydrate-binding proteins ~~which-that~~ have been suggested to serve as prognostic factors for various cancer types. In this study, the ~~presence-expression of g~~Galectin (Gal)-1, -3, and -7 was investigated in 156 ovarian cancer specimens ~~by using~~ immunohistochemical staining. ~~Staining was evaluated in the cytoplasm and nucleus of cancer cells as well as the peritumoral stroma using a semi quantitative score (Remmele (IR) score).~~ Patients' ~~o~~Overall patient survival was compared ~~between-among~~ different groups ~~of-stratified byG~~ galectin expression. ~~Galectin (Gal)-1 and -3~~ staining was observed in the peritumoural stroma as well as the nucleus and cytoplasm of tumour cells, while Gal-7 was only present in the cytoplasm ~~of-tumor-cells~~. Patients with Gal-1 expression in the cytoplasm or high Gal-1 expression in the peritumoural stroma showed reduced overall survival. Nuclear Gal-3 staining correlated with ~~a-better~~ clinical outcomes. ~~We observed a significantly reduced overall survival for e~~Cases with high Gal-7 expression ~~exhibited significantly reduced overall survival, while and a better survival for~~ Gal-7-negative cases ~~exhibited improved survival, when compared to cases with low expression of Gal-7. We were able to show that b~~Our results indicate that ~~oth-tumour and stromal~~ staining of Gal-1 ~~and cytoplasmic staining of Gal-7 could serve as negative prognostic factors~~ for ovarian cancer, ~~while nuclear~~. ~~We were able to confirm cytoplasmic Gal-7 as a negative prognostic factor.~~ Gal-3 staining in the nueleus ~~could-may represent~~ be a new positive prognosticator for ovarian cancer. ~~These findings suggest that galectins may represent promising new targets for ovarian cancer treatment.~~

Keywords:

~~Galectin-1; Galectin-3; Galectin-7; ovarian cancer; overall survival~~

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Text justification has been turned off, as requested by the journal.

Commented [A2]: As the term "immunoreactive" is not used elsewhere in the abstract, the abbreviation "IR" is not needed and has been removed.

Commented [A3]: While protein symbols are capitalized, protein names are only capitalized if they appear at the beginning of a sentence.

Commented [A4]: I have provided a concluding statement for your Abstract here.

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1. Introduction

Ovarian cancer is the most lethal gynecological malignancy, ranking fifth in estimated cancer deaths among women in the USA¹ [1]. First-line treatment consists of primary debulking surgery followed by platinum and paclitaxel chemotherapy² [2]. ~~Still~~ Despite these treatments, the 5-year relative survival rate for epithelial ovarian cancer patients ~~is~~ remains below less than 50%³ [3]. A lack of screening methods and the frequent presentation with advanced stage disease are considered as the main reasons for the poor outcomes of ovarian cancer patients.

Prognosticators in ovarian cancer include ~~D~~ disease stage at diagnosis, extent of residual disease after surgery, histological subtype, and ~~a high~~ the volume of ascites⁴ ~~can be used as prognosticators in ovarian cancer~~ [4]. Numerous studies have aimed to ~~introduce~~ identify new biological prognostic factors in ovarian cancer. Recently, the carbohydrate stem cell marker TF1 has been proposed as ~~a~~ negative prognostic marker in ovarian cancer displaying wild-type p53, while estrogen receptor promoter methylation ~~could~~ predicts overall survival in low-grade ovarian carcinoma patients^{5,6} [5,6]. Although ~~for these and various other molecules~~ the prognostic value independently of clinical parameters has been ~~proved~~ demonstrated for these ~~and various other molecules, until today to date, with the exception of~~ breast cancer gene (*BRCA*) status, no biological marker is commonly accepted⁴ [4]. Further specification of anti-cancer therapies ~~necessitates~~ ~~ar~~ requires an improvement ~~of in the~~ biological prognostic markers ~~in for~~ ovarian cancer.

Galectins ~~have been defined as~~ belong to a family of proteins sharing two main characteristics: ~~a~~ binding affinity for β -galactosides and ~~a~~ significant similarity in the carbohydrate-recognition domain (CRD)⁷ [7]. The first member of this family ~~to be~~ described was ~~g~~ Galectin (Gal)-1, which ~~is~~ can be isolated as ~~a~~ homodimers ~~composed of~~ comprising two identical CRD subunits⁸ [8]. Since then, ~~a growing number of the g~~ Galectin family members ~~have~~ had a growing number of members been identified, but ~~only~~ Galectin (Gal)-1–4, Gal-7–10, Gal-12, and Gal-13 are known to be present in humans⁹ [9]. Similar to Gal-1, Gal-7 typically occurs ~~in as a~~ homodimers, while Gal-3 is the only ~~g~~ Galectin characterized ~~as a~~ chimeric protein ~~that is~~ known to form higher order oligomers^{10,11} [10,11]. In several ~~types of~~ cancer types, ~~g~~ Galectins are known to affect tumour growth, metastasis, angiogenesis, cell migration, ~~as well as tumor~~ invasiveness, and progression, and ~~they~~ are therefore ~~very~~ likely good candidates for proteins ~~with to show a~~ prognostic value for patients' survival^{9,12} [9,12].

The role of ~~Galectin~~ Gal-1 in cancer has been studied by various groups, ~~and several~~ papers already exist on this topic. ~~For In~~ patients' sera and ovarian cancer tissues, it has been shown that a combination of CA-125 and ~~Galectin~~ Gal-1 serves as a possible two-marker combination for ~~the~~ preoperative discrimination of benign and malignant ovarian masses [13]¹³. ~~Also~~ In addition, patients suffering from metastatic epithelial ovarian cancer were observed to ~~show exhibit~~ higher serum Gal-1 levels than those with non-metastatic ~~type~~ cancer. Elevated ~~Gal-1 staining of the~~ peritumoural stroma ~~staining of Gal-1~~ was shown

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Commented [A7]: Section numbers are not used in this journal and have been removed.

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