

PEER-REVIEW REPORT

Name of journal: *World Journal of Gastrointestinal Oncology*

Manuscript NO: 88673

Title: Efficacy and Predictive Factors of Transarterial Chemoembolization Combined with Lenvatinib Plus PD-1 inhibition for Unresectable Hepatocellular Carcinoma

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 05392847

Position: Peer Reviewer

Academic degree: MD

Professional title: Doctor

Reviewer's Country/Territory: India

Author's Country/Territory: China

Manuscript submission date: 2023-10-04

Reviewer chosen by: Yu-Lu Chen

Reviewer accepted review: 2023-12-10 14:50

Reviewer performed review: 2023-12-10 14:56

Review time: 1 Hour

Scientific quality	<input checked="" type="radio"/> Grade A: Excellent <input type="radio"/> Grade B: Very good <input type="radio"/> Grade C: Good <input type="radio"/> Grade D: Fair <input type="radio"/> Grade E: Do not publish
Novelty of this manuscript	<input type="radio"/> Grade A: Excellent <input checked="" type="radio"/> Grade B: Good <input type="radio"/> Grade C: Fair <input type="radio"/> Grade D: No novelty
Creativity or innovation of this manuscript	<input checked="" type="radio"/> Grade A: Excellent <input type="radio"/> Grade B: Good <input type="radio"/> Grade C: Fair <input type="radio"/> Grade D: No creativity or innovation



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Scientific significance of the conclusion in this manuscript	<input checked="" type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No scientific significance
Language quality	<input checked="" type="checkbox"/> Grade A: Priority publishing <input type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
Conclusion	<input checked="" type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
Re-review	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Peer-reviewer statements	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous
	Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS

Good manuscript

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Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 04088126

Position: Peer Reviewer

Academic degree: FRCP, MD

Professional title: Professor

Reviewer's Country/Territory: United Kingdom

Author's Country/Territory: China

Manuscript submission date: 2023-10-04

Reviewer chosen by: Yu-Lu Chen

Reviewer accepted review: 2023-12-10 20:49

Reviewer performed review: 2023-12-17 21:09

Review time: 7 Days

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input checked="" type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Novelty of this manuscript	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input checked="" type="checkbox"/> Grade D: No novelty
Creativity or innovation of this manuscript	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Good <input checked="" type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No creativity or innovation

Scientific significance of the conclusion in this manuscript	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Good <input checked="" type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No scientific significance
Language quality	<input type="checkbox"/> Grade A: Priority publishing <input type="checkbox"/> Grade B: Minor language polishing <input checked="" type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
Conclusion	<input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input checked="" type="checkbox"/> Major revision <input type="checkbox"/> Rejection
Re-review	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Peer-reviewer statements	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous
	Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS

Materials and methods: there was no mention about the operator(s) of TACE and whether one or more interventional radiologists performed the procedures. There is no mention regarding the timing of follow-up e.g when AFP was repeated in relation to TACE ? No mention on what basis patients received different types of PD-1 antibody? Was it random or selected? Exclusion criteria should include: (1) poor patient compliance (such as failing to visit the clinic as scheduled, leading to incomplete data); (2) medical comorbidities, including severe cardiac, pulmonary, renal, or coagulation dysfunction; (3) previous treatment with other targeted drugs or PD-1 immunotherapy

Treatment-related toxicity: with the majority being grade 1-2 [There is no mention of the grading of side effects and its reference]. Discussion: one of the drawbacks is that being single-centre rather than multicentre analysis. Informed consent was obtained from all individual participants included in the study. If the study was retrospective, how consent has been taken. It is better to mention that all patients consented to undergo TACE before the procedure and consented to receive the medications after discussion of side effects and alternatives. From Table S2, the percentage of patients who received

further treatment after TACE is about 85 % and this definitely will affect the OS (we had the longest median OS of 26.43 months). From table 2: PR + PD = 72 patients however, from table S2, the number of patients who received Subsequent treatment after TACE+Lenvatinib+PD-1 combination = 87 patients Is there any explanation why 15 patients with no evidence of PR or PD required further treatments? The discussion did not include similar studies and compare the results of this mstudy versus others. Important articles to help: Cai M, Huang W, Huang J, Shi W, Guo Y, Liang L, Zhou J, Lin L, Cao B, Chen Y, Zhou J and Zhu K (2022) Transarterial Chemoembolization Combined With Lenvatinib Plus PD-1 Inhibitor for Advanced Hepatocellular Carcinoma: A Retrospective Cohort Study. *Front. Immunol.* 13:848387. doi: 10.3389/fimmu.2022.848387 Qu S, Zhang X, Wu Y, Meng Y, Pan H, Fang Q, Hu L, Zhang J, Wang R, Wei L and Wu D (2022) Efficacy and Safety of TACE Combined With Lenvatinib Plus PD-1 Inhibitors Compared With TACE Alone for Unresectable Hepatocellular Carcinoma Patients: A Prospective Cohort Study. *Front. Oncol.* 12:874473. doi: 10.3389/fonc.2022.874473 Wang J, Zhao M, Han G, Han X, Shi J, Mi L, Li N, Yin X, Duan X, Hou J, Yin F. Transarterial Chemoembolization Combined With PD-1 Inhibitors Plus Lenvatinib Showed Improved Efficacy for Treatment of Unresectable Hepatocellular Carcinoma Compared With PD-1 Inhibitors Plus Lenvatinib. *Technol Cancer Res Treat.* 2023 Jan-Dec;22:15330338231166765. doi: 10.1177/15330338231166765. PMID: 37161343; PMCID: PMC10185979. Zou X, Xu Q, You R, Yin G. Correlation and efficacy of TACE combined with lenvatinib plus PD-1 inhibitor in the treatment of hepatocellular carcinoma with portal vein tumor thrombus based on immunological features. *Cancer Med.* 2023 May;12(10):11315-11333. doi: 10.1002/cam4.5841. Epub 2023 Mar 23. PMID: 36951443; PMCID: PMC10242346.