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## PEER-REVIEW REPORT

**Name of journal:** World Journal of Gastrointestinal Oncology

**Manuscript NO:** 45727

**Title:** Iodine-125 implantation with transjugular intrahepatic portosystemic shunt for main portal vein tumor thrombus

**Reviewer's code:** 03855352

**Reviewer's country:** China

**Science editor:** Fang-Fang Ji

**Date sent for review:** 2019-01-14

**Date reviewed:** 2019-01-20

**Review time:** 5 Hours, 6 Days

SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION	PEER-REVIEWER STATEMENTS
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	<input type="checkbox"/> Accept	Peer-Review:
<input type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language	(High priority)	<input type="checkbox"/> Anonymous
<input checked="" type="checkbox"/> Grade C: Good	polishing	<input type="checkbox"/> Accept	<input type="checkbox"/> Onymous
<input type="checkbox"/> Grade D: Fair	<input checked="" type="checkbox"/> Grade C: A great deal of	(General priority)	Peer-reviewer's expertise on the
<input type="checkbox"/> Grade E: Do not	language polishing	<input type="checkbox"/> Minor revision	topic of the manuscript:
publish	<input type="checkbox"/> Grade D: Rejection	<input checked="" type="checkbox"/> Major revision	<input type="checkbox"/> Advanced
		<input type="checkbox"/> Rejection	<input type="checkbox"/> General
			<input checked="" type="checkbox"/> No expertise
			Conflicts-of-Interest:
			<input type="checkbox"/> Yes
			<input checked="" type="checkbox"/> No

## SPECIFIC COMMENTS TO AUTHORS

The authors studied the efficiency of TACE/TAE+125I seeds implantation with transjugular intrahepatic portosystemic shunt (TIPS) in treating the main portal vein tumor thrombus (MPVTT) and their complications. They demonstrated that the



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combination of TACE/TAE+125I with TIPS is effective for treating MPVTT and its complications by improving the life quality of patients and reducing the mortality rate. This is an interesting study. However, the paper writing needs to be improved. I suggest that the authors ask for a native English speaker to edit the manuscript.

#### **INITIAL REVIEW OF THE MANUSCRIPT**

##### ***Google Search:***

- ☐ The same title
- ☐ Duplicate publication
- ☐ Plagiarism
- ☐ [Y] No

##### ***BPG Search:***

- ☐ The same title
- ☐ Duplicate publication
- ☐ Plagiarism
- ☐ [Y] No

## PEER-REVIEW REPORT

**Name of journal:** World Journal of Gastrointestinal Oncology

**Manuscript NO:** 45727

**Title:** Iodine-125 implantation with transjugular intrahepatic portosystemic shunt for main portal vein tumor thrombus

**Reviewer's code:** 03254376

**Reviewer's country:** United States

**Science editor:** Fang-Fang Ji

**Date sent for review:** 2019-01-14

**Date reviewed:** 2019-01-22

**Review time:** 18 Hours, 7 Days

SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION	PEER-REVIEWER STATEMENTS
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	<input type="checkbox"/> Accept	Peer-Review:
<input checked="" type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language	(High priority)	<input checked="" type="checkbox"/> Anonymous
<input type="checkbox"/> Grade C: Good	polishing	<input type="checkbox"/> Accept	<input type="checkbox"/> Onymous
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of	(General priority)	Peer-reviewer's expertise on the
<input type="checkbox"/> Grade E: Do not	language polishing	<input checked="" type="checkbox"/> Minor revision	topic of the manuscript:
publish	<input type="checkbox"/> Grade D: Rejection	<input type="checkbox"/> Major revision	<input checked="" type="checkbox"/> Advanced
		<input type="checkbox"/> Rejection	<input type="checkbox"/> General
			<input type="checkbox"/> No expertise
			Conflicts-of-Interest:
			<input type="checkbox"/> Yes
			<input checked="" type="checkbox"/> No

## SPECIFIC COMMENTS TO AUTHORS

This manuscript is an interesting study about the clinical efficiency of TACE/TAE and iodine 125 implantation combined with TIPS in the treatment of the tumor emboli of portal venous trunk and their complications. In this study, clinical data of 85 consecutive



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patients with main portal vein tumor thrombus were collected. And also, the efficiency of TIPS-125I group was evaluated. And the authors found that the TIPS-125I group performed significantly favorable in treating main portal vein tumor thrombus of hepatocellular carcinoma and its complications. The manuscript is well designed and the manuscript is well written. I have some minor comments: The figure 1 should be replaced by a clearer figure document. Main text should be edited by a native English speaker.

#### **INITIAL REVIEW OF THE MANUSCRIPT**

##### ***Google Search:***

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- ☐ No

##### ***BPG Search:***

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- ☐ Plagiarism
- ☐ No

## PEER-REVIEW REPORT

**Name of journal:** World Journal of Gastrointestinal Oncology

**Manuscript NO:** 45727

**Title:** Iodine-125 implantation with transjugular intrahepatic portosystemic shunt for main portal vein tumor thrombus

**Reviewer's code:** 03119153

**Reviewer's country:** Italy

**Science editor:** Fang-Fang Ji

**Date sent for review:** 2019-01-14

**Date reviewed:** 2019-01-22

**Review time:** 18 Hours, 7 Days

SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION	PEER-REVIEWER STATEMENTS
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<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of	(General priority)	Peer-reviewer's expertise on the
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publish	<input type="checkbox"/> Grade D: Rejection	<input type="checkbox"/> Major revision	<input checked="" type="checkbox"/> Advanced
		<input type="checkbox"/> Rejection	<input type="checkbox"/> General
			<input type="checkbox"/> No expertise
			Conflicts-of-Interest:
			<input type="checkbox"/> Yes
			<input checked="" type="checkbox"/> No

### SPECIFIC COMMENTS TO AUTHORS

This study is very interesting. Author concluded TACE/TAE +125 I combined with TIPS is effective in treating main portal vein tumor thrombosis (PVTT). The radiation therapy (RT) is also good effect for HCC and PVTT. B Holliday suggest that RT should be



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considered for well-selected patients with HCC and PVTT for the purpose of improving local control and potentially prolonging the time to worsening venous obstruction and liver failure. When feasible, dose-escalation should be considered with a target BED of >75 Gy if normal organ dose constraints can be safely met.( Clinical Translational Radiology Oncology 2017,39-45). Please comment RT for HCC with PVTT. Moreover, comment merit and demerit of RT and 125 I for HCC with PVT.

#### **INITIAL REVIEW OF THE MANUSCRIPT**

##### ***Google Search:***

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##### ***BPG Search:***

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- ☐ [Y] No