

## PEER-REVIEW REPORT

**Name of journal:** World Journal of Gastroenterology

**Manuscript NO:** 45836

**Title:** The impact of perioperative transfusion in patients undergoing resection of colorectal cancer liver metastases and factors associated with transfusing blood: a study of the United States National Inpatient Sample

**Reviewer's code:** 02544646

**Reviewer's country:** South Korea

**Science editor:** Jia-Ping Yan

**Date sent for review:** 2019-02-06

**Date reviewed:** 2019-02-25

**Review time:** 13 Hours, 19 Days

SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION	PEER-REVIEWER STATEMENTS
<input type="checkbox"/> Grade A: Excellent	<input checked="" 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 checked="" type="checkbox"/> Anonymous
<input checked="" type="checkbox"/> Grade C: Good	polishing	<input checked="" 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 type="checkbox"/> Minor revision	topic of the manuscript:
publish	<input type="checkbox"/> Grade D: Rejection	<input type="checkbox"/> Major revision	<input type="checkbox"/> Advanced
		<input type="checkbox"/> Rejection	<input checked="" type="checkbox"/> General
			<input type="checkbox"/> No expertise
			Conflicts-of-Interest:
			<input type="checkbox"/> Yes
			<input checked="" type="checkbox"/> No

### SPECIFIC COMMENTS TO AUTHORS

The study was retrospective, however, the data were well analyzed. The manuscript was well-written.



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## INITIAL REVIEW OF THE MANUSCRIPT

### *Google Search:*

- ☐ The same title
- ☐ Duplicate publication
- ☐ Plagiarism
- ☐ No

### *BPG Search:*

- ☐ The same title
- ☐ Duplicate publication
- ☐ Plagiarism
- ☐ No

## PEER-REVIEW REPORT

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**Manuscript NO:** 45836

**Title:** The impact of perioperative transfusion in patients undergoing resection of colorectal cancer liver metastases and factors associated with transfusing blood: a study of the United States National Inpatient Sample

**Reviewer's code:** 02520900

**Reviewer's country:** Reviewer\_Country

**Science editor:** Jia-Ping Yan

**Date sent for review:** 2019-02-24

**Date reviewed:** 2019-03-01

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

SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION	PEER-REVIEWER STATEMENTS
<input type="checkbox"/> Grade A: Excellent	<input checked="" 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 checked="" 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 type="checkbox"/> Grade C: A great deal of	(General priority)	Peer-reviewer's expertise on the
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		<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

Journal: World journal of Gastroenterology Title: Impact of perioperative transfusion in patients undergoing resection of colorectal cancer liver metastases: a population-based

study Long et al. conducted a retrospective analysis from US national inpatient sample database for patient who underwent liver surgery due to colorectal metastases. A total of 2018 patient were recruited to the studies. The transfusion rate in this cohort was 25%. Emergency surgery, right or left hepatectomy and chronic anemia increased the risk for transfusion, however, treatment at a teaching hospital was protective in term of transfusion. Transfusion was significantly associated with increased mortality, all-cause morbidity and longer hospital stay. The conclusion of the study was that emergency surgery, right or left hepatectomy and chronic anemia was more likely to receive blood transfusion, however, surgery in a teaching hospital was protective in term of transfusion. Major concern: The authors report that data were recruited from the US national inpatient sample dataset. In our institution are done around 300 liver resections, among them 60% (= around 220 for colorectal cancer). In 10 years, this will reach a number of 2200 liver resection for CRC among > 27.000 liver resection. In the whole US there should be only 2018 liver resection for colorectal cancer be done? This should be explained if this database covers all resection in the US or only in a certain region?? The authors mentioned chronic anemia. They should define anemia. For anemia starts at 7 g/dl. Moreover, they should disclose the transfusion trigger, and the coagulation management. What is the meaning of hepatic lobectomy or partial hepatectomy. I know right or left hepatectomy, extended right or extended left, bilobectomy etc. Please clarify this topic. What is also missing the crude mortality and mortality stratified according extend of resection. Many thanks for giving me the opportunity to review the manuscript.

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☐ Duplicate publication

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