

PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Cases

Manuscript NO: 52698

Title: Risk factors for the long-term prognosis of hepatocellular carcinoma patients after anatomic hepatectomy

Reviewer's code: 00505584

Position: Editorial Board

Academic degree: FACS

Professional title: Surgical Oncologist

Reviewer's country: France

Author's country: China

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Reviewer chosen by: AI Technique

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Review time: 18 Days and 4 Hours

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 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 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 is a retrospective case series from a single-institution of patients who underwent anatomic resection for hepatocellular cancer. This study has some statistically significant findings regarding estimated blood loss (EBL) and hypotension in regards, to survival that I believe would be interesting to the readers of the World Journal of Clinical Cases. Interestingly, they did not see a correlation with tumor size or location to EBL or hypotension. However, there are a few issues that need to be addressed. 1. Although 94 patients were looked at initially, 20 patients were lost to follow-up and the series ultimately included only 74 patients. Because of this the number 74 should be highlighted in the abstract and not 94. 2. Additionally, 1 patient died in the post-operative period and was excluded from this study. "3. Results Four patients receiving TACE/interventions prior to surgery, 1 patient who died of circulatory failure after surgery and 15 patients not completing the follow-up were excluded from this study." I believe this patient should be added and the statistics redone, the difference will be reflected in the new numbers for disease free and overall survival. "At the endpoint of the follow-up, the overall 1-year survival rate and the recurrence-free survival rate were 78.38% and 68.92%, respectively; the 3-year overall survival rate and the recurrence-free survival rate were 62.16% and 55.41%, respectively, after undergoing precise anatomic hepatectomy, as shown in Fig. 2." 3. Below are several issues with the grammar and english of the article. **ABSTRACT A. Introduction and Objectives:** The risk factors related to patients with postoperative major complications immediately after liver resection have been identified; however, the intermediate and long-term prognoses for these patients have yet to be undetermined. The aim of the study is to evaluate the factors responsible for the long-term recurrence-free survival rate in patients with hepatocellular carcinoma following precise anatomic hepatectomy. Should probably

read: "Introduction and Objectives: The risk factors for patients with major postoperative complications immediately after liver resection have been identified; however, the intermediate and long-term prognoses for these patients have yet to be determined. The aim of the study is to evaluate the factors responsible for the long-term recurrence-free survival rate in patients with hepatocellular carcinoma following anatomic hepatectomy." B. Notwithstanding, the determinants responsible for a long-term prognosis in HCC patients following anatomic hepatectomy are still lacking. Should probably read: "Regardless, the factors responsible affecting long-term prognosis in HCC patients treated with anatomic hepatectomy are still lacking." Methods 2.2 Patient selection and data collection C. From January 2013 to December 2015, a total of 94 HCC patients who underwent precise anatomic hepatectomy at our institution were included in this study. Should probably read: "From January 2013 to December 2015, a total of 94 HCC patients who underwent precise anatomic hepatectomy at our institution were found, but ultimately only 74 included in this study." D. Finally, a total of 74 patients who underwent precise anatomic liver surgery were eligible for this study (Fig. 1). Probably: "As a result, 74 patients who underwent precise anatomic liver surgery were eligible for this study (Fig. 1)." 4. Discussion However, blood loss was irrelevant for both tumor staging ($P=0.235$, $OR=1.378$) and size ($P=0.729$, $OR=1.250$) in the present study, manifesting EBL as one of the factors in essence related to patient survival after hepatectomy. Perhaps: "Although, blood loss did not correlate with tumor staging ($P=0.235$, $OR=1.378$) or size ($P=0.729$, $OR=1.250$), nonetheless, EBL is confirmed to be one of the factors related to patient survival after hepatectomy."

INITIAL REVIEW OF THE MANUSCRIPT

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PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Cases

Manuscript NO: 52698

Title: Risk factors for the long-term prognosis of hepatocellular carcinoma patients after anatomic hepatectomy

Reviewer's code: 02861252

Position: Editorial Board

Academic degree: MD

Professional title: Assistant Professor

Reviewer's country: Turkey

Author's country: China

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Reviewer performed review: 2019-12-22 23:02

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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
<input type="checkbox"/> Grade E: Do not	language polishing	<input checked="" type="checkbox"/> Minor revision	topic of the manuscript:
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			<input type="checkbox"/> No expertise
			Conflicts-of-Interest:
			<input type="checkbox"/> Yes
			<input checked="" type="checkbox"/> No



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SPECIFIC COMMENTS TO AUTHORS

INTRAOPERATIVE BLOOD LOSS AND HYPOTENTION DEFINITION SHOULD BE
DESCRIBED IN THE MATERIAL METHOD SECTION

INITIAL REVIEW OF THE MANUSCRIPT

Google Search:

- ☐ The same title
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