

PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

Manuscript NO: 55120

Title: Can Contrast-enhanced Ultrasound (CEUS) Liver Imaging Reporting and Data System (LI-RADS) Differentiate Intrahepatic Cholangiocarcinoma from CEUS LR-M Hepatocellular Carcinoma?

Reviewer's code: 00607640

Position: Editorial Board

Academic degree: PhD

Professional title: Professor

Reviewer's Country/Territory: Taiwan

Author's Country/Territory: China

Manuscript submission date: 2020-03-02

Reviewer chosen by: Jia-Ping Yan

Reviewer accepted review: 2020-04-14 11:43

Reviewer performed review: 2020-04-17 01:03

Review time: 2 Days and 13 Hours

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 Grade E: Do not publish
Language quality	<input type="checkbox"/> Grade A: Priority publishing <input checked="" 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 type="checkbox"/> Accept (High priority) <input checked="" 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 type="checkbox"/> No
Peer-reviewer	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous

statements

Conflicts-of-Interest: [] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

In the manuscript entitled “Can Contrast-enhanced Ultrasound (CEUS) Liver Imaging Reporting and Data System (LI-RADS) Differentiate Intrahepatic Cholangiocarcinoma from CEUS LR-M Hepatocellular Carcinoma?”, the authors investigated the possibility and efficacy of differentiating intrahepatic cholangiocarcinoma (ICC) from hepatocellular carcinoma (HCC) according to the CEUSLI-RADS and reported rim APHE was a key predictor for differentiating ICC from rim-like arterial phase hyperenhancement. The conclusion is insightful and could be helpful in clinic application. While the manuscript is interesting, I have one minor concern for your consideration. Abbreviations should be with its full name when it firstly appears in the paper.