

PEER-REVIEW REPORT

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Title: Ex-vivo liver resection followed by autotransplantation technique in radical resection of gastric cancer liver metastases: A case report

Reviewer's code: 03545226

Position: Editorial Board

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Scientific quality	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
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 type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input checked="" type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
Re-review	<input checked="" type="checkbox"/> Yes <input 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

The paper entitled “Application of Ex Vivo Liver Resection Followed by the Autotransplantation Technique in Radical Resection of Gastric Cancer Liver Metastases: A Case Report” is well written. This case report is very interesting and original because, as in recent literature (“Ex Vivo Resection and Autotransplantation for Conventionally Unresectable Tumors - An 11-year Single Center Experience; Kato T et al 2020; Ann Surg; 272(5):766-772”), gastric cancer is a rare carcinoma requiring ELRA. The main types of tumor surgically performed with ELRA are represented by: cholangiocarcinoma, pancreatic adenocarcinoma, colorectal metastases and sarcomas. The importance of this manuscript is the description of the choice to suggest, for this complex clinical case, ELRA combined to gastric excision to reach radical resection R0. This could encourage next similar cases. In recent literature, overall survival of patients after ELRA for adenocarcinoma at 1, 3, 5-years is 65%, 45% and 40% respectively. Since the 5-year survival rate for GCLM is < 20 %, as declared by the authors and their references, ELRA appears a good surgical solution to suggest. Another good concept proposed in this case report is the accurate selection of patients with a careful preoperative study of the case and a multidisciplinary approach to evaluate better any critical points. In recent literature, many aspects are evaluated to select these patients: first, young patients with good functional reserve are preferred; second, the biological aggressiveness of the tumor is evaluated. In experienced centers, the overall perioperative mortality of ELRA is between 4.3 and 13%. This can demonstrate that this extensive surgical procedure, if selection criteria are observed, can be performed with a reasonably low perioperative mortality. A limitation of the application of ELRA may be a rate of recurrence of 45% for adenocarcinomas. This could be a controversial point to evaluate in the preoperative management and in the choice of the surgical strategy. In the “Postoperative management and follow-up” section,



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I suggest to describe how many days the catheter drainage remained in place after its positioning for bile leakage and the amount of that to understand better the type of postoperative complication. It could be useful to specify exactly when chemotherapy began, too. The Title reflects the main hypothesis of the manuscript. The Abstract summarizes correctly the work described. The Key Words are correct. The Background is well done, with a good literature review. The manuscript describes methods in adequate detail. The results of the study can contribute to future surgical cases like this one to reach a radical resection for this type of tumors. The Discussion section is accurate. Figures and tables are useful to understand better the characteristics of the case report and the surgical technique. Literature review is good. I suggest to add: - Ex Vivo Resection and Autotransplantation for Conventionally Unresectable Tumors - An 11-year Single Center Experience; Kato T, et al. 2020; Ann Surg; 272(5):766-772 - Outcomes of ex vivo liver resection and autotransplantation: A systematic review and meta-analysis; Kawitowski M, et al. 2020; Surgery; 168(4):631-642.