

## PEER-REVIEW REPORT

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

**Manuscript NO:** 60730

**Title:** Functional transition: Inconsistently parallel to the increase in future liver remnant volume after preoperative portal vein embolization

**Reviewer's code:** 04015916

**Position:** Editorial Board

**Academic degree:** MD, PhD

**Professional title:** Professor

**Reviewer's Country/Territory:** China

**Author's Country/Territory:** Japan

**Manuscript submission date:** 2020-11-16

**Reviewer chosen by:** Xi-Fang Chen (Part-Time Editor)

**Reviewer accepted review:** 2020-11-26 06:48

**Reviewer performed review:** 2020-12-10 01:04

**Review time:** 13 Days and 18 Hours

<b>Scientific quality</b>	<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 Grade E: Do not publish
<b>Language quality</b>	<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
<b>Conclusion</b>	<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
<b>Re-review</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>Peer-reviewer statements</b>	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No



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#### **SPECIFIC COMMENTS TO AUTHORS**

This article discusses the relationship between the increase in liver volume and function after PVE in more detail. It is a valuable article for clinical work. But please answer the following questions: In this group of cases, patients with preoperative bile duct drainage account for the majority. Why are the relevant data such as ICG detection, 3D CT / 99mTc-GSA SPECT fusion imaging and liver volume measurement of these patients not separately listed; , Why is there no comparison between the data of patients with preoperative bile duct drainage and the ICG test of patients without bile duct drainage, 3D CT/99mTc-GSA SPECT fusion imaging to measure liver volume and other related data.