



PEER-REVIEW REPORT

Name of journal: *World Journal of Gastrointestinal Surgery*

Manuscript NO: 72101

Title: Application value of mixed reality in hepatectomy for hepatocellular carcinoma

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 03669439

Position: Editorial Board

Academic degree: MD, PhD

Professional title: Professor

Reviewer's Country/Territory: South Korea

Author's Country/Territory: China

Manuscript submission date: 2021-10-04

Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-10-27 01:12

Reviewer performed review: 2021-11-05 06:23

Review time: 9 Days and 5 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 Grade E: Do not publish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 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	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous



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

SPECIFIC COMMENTS TO AUTHORS

This is a well-organized paper, but I have some suggestions. In the laparoscopic era, a lot of laparoscopic surgery is being performed. How about suggesting the rate of laparoscopic surgery? Can the same be applied to laparoscopic surgery? Since the demarcation line can be recognized easily in anatomical resection, the op time does not seem to be much different. How about dividing it into anatomical resection and non-anatomical resection? If it is corrected according to the reviewer's opinion, it is likely that the paper will be improved. It is expected that this paper will be helpful in applying large volume-multicenter studies in the near future.



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Reviewer's code: 03479093

Position: Editorial Board

Academic degree: FACS, FEBS, MD, PhD

Professional title: Director, Full Professor, Senior Lecturer, Senior Researcher, Surgeon

Reviewer's Country/Territory: Saudi Arabia

Author's Country/Territory: China

Manuscript submission date: 2021-10-04

Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-10-26 10:27

Reviewer performed review: 2021-11-06 14:39

Review time: 11 Days and 4 Hours

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
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SPECIFIC COMMENTS TO AUTHORS

The authors analyze retrospectively the use of mixed reality (MR) tool to improve liver surgery. They distinguish this from augmented and virtual reality and deliver arguments for the advantage of MR over the other two. The approach of MR is known, but the usage in liver surgery is new. The outcome of liver resections are improved by usage of MR, which is a promising result in an early phase of implementation. The limitations of this study are well recognized and mentioned in the manuscript. Nevertheless I suggest to use the term preoperative "outcome" instead of "prognosis" as the latter is also depending on cancer / HCC characteristics. Therefore the overall prognosis is guided by much more than the usage of MR or a conventional surgical approach. Also the term of personalize medicine includes more than a new technic of image guided surgery. Both are smaller criticisms and can easily be rephrased in the manuscript.