

## PEER-REVIEW REPORT

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

**Manuscript NO:** 75311

**Title:** Impact of comorbid renal dysfunction in patients with hepatocellular carcinoma on long-term outcomes after curative resection

**Provenance and peer review:** Unsolicited manuscript; Externally peer reviewed

**Peer-review model:** Single blind

**Reviewer's code:** 05834960

**Position:** Peer Reviewer

**Academic degree:** PhD

**Professional title:** Lecturer

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

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

**Manuscript submission date:** 2022-01-30

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2022-01-30 09:54

**Reviewer performed review:** 2022-02-02 03:45

**Review time:** 2 Days and 17 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 Grade E: Do not publish
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 checked="" type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
Re-review	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

<b>Peer-reviewer statements</b>	Peer-Review: [ <input checked="" type="radio"/> ] Anonymous [ <input type="radio"/> ] Onymous Conflicts-of-Interest: [ <input type="radio"/> ] Yes [ <input checked="" type="radio"/> ] No
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## **SPECIFIC COMMENTS TO AUTHORS**

Only one study has reported the effects of preoperative RD defined by using the eGFR in patients with HCC , but little is known about the impact of preoperative RD on the long-term prognosis or postoperative complications, including acute kidney disease (AKI) and the initiation of hemodialysis in HCC patients who underwent hepatectomy. The manuscript fully and properly explains the research results and highlights the key points concisely, clearly and logically. Although comorbid RD has a negligible impact on the prognosis of HCC patients undergoing therapeutic hepatectomy and appropriate perioperative management, close attention to severe CKD is necessary to prevent postoperative bleeding and surgical site infection. Although liver cancer patients with RD are rare, this study gives clear treatment recommendations.

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**Peer-review model:** Single blind

**Reviewer's code:** 02936529

**Position:** Editorial Board

**Academic degree:** FRCS (Hon), MD, PhD

**Professional title:** Professor, Surgical Oncologist

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

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

**Manuscript submission date:** 2022-01-30

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2022-02-02 06:46

**Reviewer performed review:** 2022-02-02 07:06

**Review time:** 1 Hour

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 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 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

The authors enrolled HCC patients who underwent hepatectomy and categorized patients into two (RD,  $\text{eGFR} < 60 \text{ mL/min/1.73 m}^2$ ; non-RD,  $60 \leq \text{eGFR}$ ) and three groups (severe CKD,  $\text{eGFR} < 30$ ; mild CKD,  $30 \leq \text{eGFR} < 60$ ; control,  $60 \leq \text{eGFR}$ ) according to renal function as defined by the eGFR, and the overall survival (OS) and recurrence-free survival (RFS) were compared among these groups with the log-rank test, and we also analyzed survival, and the concluded that the comorbid RD had a negligible impact on the prognosis of HCC patients who underwent curative hepatectomy with appropriate perioperative management, and close attention to severe CKD is necessary to prevent postoperative bleeding and surgical site infection. The present manuscript is a very well written article, with a proper and well-designed methodology, however, the main drawback of the study is that the liver function of RD patients was quite better than that of non-RD patients because surgeons might consider and exclude RD patients who had liver dysfunction, and therefore, the number of HCC patients with RD who underwent hepatectomy, was small. The discussion is concise, but is lacking a more extensive comparison of the results to other publications regarding this subject.

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**Peer-review model:** Single blind

**Reviewer's code:** 05531699

**Position:** Peer Reviewer

**Academic degree:** MD

**Professional title:** Doctor

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

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

**Manuscript submission date:** 2022-01-30

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2022-01-30 14:50

**Reviewer performed review:** 2022-02-05 12:17

**Review time:** 5 Days and 21 Hours

Scientific quality	<input checked="" type="radio"/> Grade A: Excellent <input type="radio"/> Grade B: Very good <input type="radio"/> Grade C: Good <input type="radio"/> Grade D: Fair <input type="radio"/> Grade E: Do not publish
Language quality	<input type="radio"/> Grade A: Priority publishing <input checked="" type="radio"/> Grade B: Minor language polishing <input type="radio"/> Grade C: A great deal of language polishing <input type="radio"/> Grade D: Rejection
Conclusion	<input checked="" type="radio"/> Accept (High priority) <input type="radio"/> Accept (General priority) <input type="radio"/> Minor revision <input type="radio"/> Major revision <input type="radio"/> Rejection
Re-review	<input checked="" type="radio"/> Yes <input type="radio"/> No

<b>Peer-reviewer statements</b>	Peer-Review: [ <input checked="" type="radio"/> ] Anonymous [ <input type="radio"/> ] Onymous Conflicts-of-Interest: [ <input type="radio"/> ] Yes [ <input checked="" type="radio"/> ] No
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### **SPECIFIC COMMENTS TO AUTHORS**

The Authors have conducted a retrospective study to evaluate the impact of comorbid renal dysfunction, stratified by eGFR, and assessed the validity of hepatectomy for HCC patients with this condition. The study is interesting and well conducted, in a large population of patients. Results can have a relevance for clinical practice. I have only one major concern: patients were recruited over a long period of time, 18 years. Can this have somehow influenced the results, given the progresses of patients management over time?