



PEER-REVIEW REPORT

Name of journal: *World Journal of Clinical Oncology*

Manuscript NO: 76882

Title: Propensity-matched analysis of patients with intrahepatic cholangiocarcinoma or mixed hepatocellular-cholangiocarcinoma and hepatocellular carcinoma undergoing a liver transplant

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer’s code: 05121314

Position: Associate Editor

Academic degree: FEBS, MD, PhD

Professional title: Assistant Professor, Surgeon

Reviewer’s Country/Territory: Italy

Author’s Country/Territory: Brazil

Manuscript submission date: 2022-04-08

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-04-08 17:00

Reviewer performed review: 2022-04-08 17:12

Review time: 1 Hour

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input checked="" 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 Grade E: Do not publish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



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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 authors report a single centre experience of ICC in explanted livers propensely matched with HCC-ICC and HCC only. The conclusions are that ICC have worse outcomes than patients undergoing LT for HCC and outcomes did not differ significantly between patients with HCC-CC and patients with HCC. The findings are not novel and the retrospective methodology is subject to bias by definition; also the small number is a major limitation of this study. What lessons could be learned by this report? I would suggest to implement the part on pre-listing and follow up with some advice for transplant oncology, a new emerging indication.



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Peer-review model: Single blind

Reviewer's code: 06272473

Position: Peer Reviewer

Academic degree: MD

Professional title: Doctor

Reviewer's Country/Territory: South Korea

Author's Country/Territory: Brazil

Manuscript submission date: 2022-04-08

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-04-10 22:57

Reviewer performed review: 2022-04-11 06:18

Review time: 7 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 type="checkbox"/> Minor revision <input checked="" type="checkbox"/> Major revision <input type="checkbox"/> Rejection



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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

This study showed a small proportion of misdiagnosis among patients who underwent LT with presumptive HCC and clinical outcomes among them. Because liver biopsy is not routinely recommended to detect ICC, and the diagnosis of HCC-CC is very difficult, patients with ICC or HCC-CC could be misdiagnosed as HCC and undergo unnecessary LT. However, recent studies suggested that LT might be considerable as therapeutic option for ICC and HCC-CC. Please discuss the need of an accurate diagnosis before LT and possible advantages of LT in detail.



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Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 03647881

Position: Editorial Board

Academic degree: MD, PhD

Professional title: Associate Professor, Attending Doctor

Reviewer's Country/Territory: Taiwan

Author's Country/Territory: Brazil

Manuscript submission date: 2022-04-08

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-04-11 12:11

Reviewer performed review: 2022-04-14 14:09

Review time: 3 Days and 1 Hour

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



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Re-review	<input type="checkbox"/> Yes <input checked="" 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

No comments.



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Peer-review model: Single blind

Reviewer's code: 03252941

Position: Editorial Board

Academic degree: MD

Professional title: Doctor, Professor

Reviewer's Country/Territory: Japan

Author's Country/Territory: Brazil

Manuscript submission date: 2022-04-08

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-04-10 09:01

Reviewer performed review: 2022-04-15 09:26

Review time: 5 Days

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 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

Brando et al. reviewed 475 patients with presumptive hepatocellular carcinoma (HCC) who underwent liver transplantation (LT) in their institute. All cases were preoperatively diagnosed with HCC but postoperative investigation revealed that 1.7% of the LT recipients had intrahepatic cholangiocarcinoma (CC) and 1.5% had mixed HCC and CC (HCC-CC). Then, they compared postoperative prognosis of CC or HCC-CC with that of HCC by the Cox regression analysis of propensity-matched subjects. They found that prognosis of CC was worse than that of HCC after LT but prognosis did not differ significantly between HCC-CC and HCC. This is an interesting and informative study for consideration of LT for intrahepatic CC, of which indication remains controversial. The greatest problem of this manuscript is small numbers of CC and HCC-CC cases, as the authors mentioned in the Discussion. However, this may be unavoidable, because LT for CC and HCC-CC was the result of preoperative misdiagnosis of HCC. In addition, I would like to make some comments. 1. There are some errors in the numbers in the text: (p.10, 1.7) 76.2% should be 67.2%. (p.10, 1.9) 65.2% should be 56.2%. 2. P values in Tables 1 and 2 should be thoroughly recalculated. I guess there may be quite a few errors. For example, P = 0.036 is described in Neoadjuvant therapy no, Pre-LT factors, of Table 1. However, according to my calculation, P value should be 0.1062 by chi-square test, 0.2513 by chi-square test with Yates' correction, and 0.176 by Fisher's exact test. Furthermore, analytical method of each P value had better be specified.



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Reviewer's code: 02579144

Position: Editorial Board

Academic degree: MD, PhD

Professional title: Assistant Professor, Doctor

Reviewer's Country/Territory: Japan

Author's Country/Territory: Brazil

Manuscript submission date: 2022-04-08

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-04-10 08:28

Reviewer performed review: 2022-04-24 06:10

Review time: 13 Days and 21 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 type="checkbox"/> Yes <input checked="" 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

Dear Review Editor: “Propensity-matched analysis of patients with intrahepatic cholangiocarcinoma or mixed hepatocellular-cholangiocarcinoma and hepatocellular carcinoma undergoing a liver transplant” I have three points that I would like to raise with the authors. Sincerely, To the authors: “Propensity-matched analysis of patients with intrahepatic cholangiocarcinoma or mixed hepatocellular-cholangiocarcinoma and hepatocellular carcinoma undergoing a liver transplant” My comments are as follows. 1. Please analyze progression-free survival and overall survival using Kaplan-Meier analysis in patients with intrahepatic cholangiocarcinoma (ICC) or mixed hepatocellular-cholangiocarcinoma (HCC-CC) compared with patients with hepatocellular carcinoma (HCC). 2. Please show the rationale whether HBV and HCV be present or not. 3. Please evaluate the hepatic reserve using Child-Pugh classification and the HCC stage using Barcelona Clinic Liver Cancer classification. 4. I think the number of patients is relatively small to lead your conclusion. I hope that my comments will be useful in improving the article.



RE-REVIEW REPORT OF REVISED MANUSCRIPT

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Reviewer's code: 05121314

Position: Associate Editor

Academic degree: FEBS, MD, PhD

Professional title: Assistant Professor, Surgeon

Reviewer's Country/Territory: Italy

Author's Country/Territory: Brazil

Manuscript submission date: 2022-04-08

Reviewer chosen by: Li-Li Wang

Reviewer accepted review: 2022-06-27 17:40

Reviewer performed review: 2022-06-30 03:48

Review time: 2 Days and 10 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 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



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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
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SPECIFIC COMMENTS TO AUTHORS

The authors have significantly improved the quality of their manuscript by addressing my comments