



**PEER-REVIEW REPORT**

**Name of journal:** *World Journal of Hepatology*

**Manuscript NO:** 86620

**Title:** Peri-operative score for elderly patients with resectable hepatocellular carcinoma

**Provenance and peer review:** Invited Manuscript; Externally peer reviewed

**Peer-review model:** Single blind

**Reviewer’s code:** 05771243

**Position:** Peer Reviewer

**Academic degree:** MD

**Professional title:** Doctor

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

**Author’s Country/Territory:** Italy

**Manuscript submission date:** 2023-07-28

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2023-07-31 06:32

**Reviewer performed review:** 2023-08-14 02:18

**Review time:** 13 Days and 19 Hours

<b>Scientific quality</b>	<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 Grade E: Do not publish
<b>Novelty of this manuscript</b>	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No novelty
<b>Creativity or innovation of this manuscript</b>	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Good <input checked="" type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No creativity or innovation



<b>Scientific significance of the conclusion in this manuscript</b>	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No scientific significance
<b>Language quality</b>	<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
<b>Conclusion</b>	<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
<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

**SPECIFIC COMMENTS TO AUTHORS**

1. The authors collected data of 11 hepato-biliary centers during a 10-years period. A multicentric, retrospective study was performed in the HCC resection patients aged 70years or older. The topic is interesting, but the writing is poor. 2. The analysis found that ASA score, high rate of comorbidities, MELD score and size of biggest lesion had independent correlations with increased 90- and 180-day mortality 3. Preoperative clinical index in Methods and Materials and Results should be indicated in addition to diagnosis criteria and detection methods which should be unified in different centers 4. There are spelling errors in the manuscript and Tables 1 to 3, "Up to7 criteria'24 after", "more usefull in the context of liver transplantation", "Sizeofbiggestle~m", "There were several predictive of 30d mortality after liver resection for HCC11,12,13,14,15....Conversely Lee et al in a nationwide cohort study recognized the PALBI score had an higher sensitivity and specificity than MELD or ALBI score16." 5. All abbreviations are not marked in full name in the manuscript and Tables, ALAT? OH? Major HTC? CHILD A? B? C? OH? I did not find the Figures legend. 6. The analyses were conducted using STATA software. It seemed not sufficient to draw the conclusion.



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It should better to try the R software.



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**Peer-review model:** Single blind

**Reviewer's code:** 05322119

**Position:** Peer Reviewer

**Academic degree:** FACS, MD

**Professional title:** Surgical Oncologist

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

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

**Manuscript submission date:** 2023-07-28

**Reviewer chosen by:** Geng-Long Liu (Quit 2023)

**Reviewer accepted review:** 2023-08-30 22:29

**Reviewer performed review:** 2023-09-06 01:30

**Review time:** 6 Days and 3 Hours

<b>Scientific quality</b>	<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
<b>Novelty of this manuscript</b>	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Good <input checked="" type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No novelty
<b>Creativity or innovation of this manuscript</b>	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No creativity or innovation



<b>Scientific significance of the conclusion in this manuscript</b>	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Good <input checked="" type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No scientific significance
<b>Language quality</b>	<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
<b>Conclusion</b>	<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
<b>Re-review</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Peer-reviewer statements</b>	Peer-Review: <input type="checkbox"/> Anonymous <input checked="" type="checkbox"/> Onymous
	Conflicts-of-Interest: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

**SPECIFIC COMMENTS TO AUTHORS**

Thank you for the opportunity to review this manuscript. The paper is about a proposal for a risk score based on perioperative risk factors associated with 90 and 180-day mortality in elderly patients with HCC who were eligible for liver resection. This multi-center study provides an insight in a fragile and specific population where surgeons should pay special attention to past medical history, size of the largest HCC and the use of MELD score. Kindly find my comments below:

- 1. Major revision: Although not an strict criteria to select the number of variables to include in a given model, 4 risk factors were finally included in the logistic regression model and 20 events occurred. I suggest the authors should explain how overfitting influences their study.
- The paper states that ASA and comorbidity >2 are risk factors for mortality. However, ASA inherently is a measure of the overall health status of the patient where comorbidity(ies) can be compensated or not. I recommend to check for multicollinearity. Can the authors clarify how they approached this potential overlap in their analysis?
- In Figure 2. The curves show significant AUC for the risk groups, however the p-value is pooled. I suggest to present results pairwise.
- In the Study design section, size of



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lesion, was it measured using CT scan/ MRI or pathology report? I would consider explaining in detail the source of the data. Minor revision: - In the Introduction section: "Liver resection represented the mainstay treatment in resectable HCC". Liver resection, ablation and liver transplant are still the mainstay treatments for HCC according to current guidelines and specific case scenarios. - In the Discussion section: " 'Up to 7 criteria' after, more usefull...". The correct spelling would be useful. - Table 2. the variable Sizeofbiggestle~m should say "Size of largest lesion (mm, cm)" - In Table 3. Score point system: Comorbidity>2 Values (Sí) it should say (Yes). Some questions for the authors: - Would you suggest to other therapeutic approaches like I want to commend the authors for their important contribution to the HPB field. With this paper I consider many answers raised on whether operate an elderly patient can tolerate surgery and approach to a near-zero mortality can be achieved. Thank you again for the opportunity to review this paper.