



## PEER-REVIEW REPORT

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

**Manuscript NO:** 88625

**Title:** Clinical profile and outcomes of hepatocellular carcinoma in primary Budd-Chiari syndrome

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

**Peer-review model:** Single blind

**Reviewer's code:** 03741310

**Position:** Peer Reviewer

**Academic degree:** MD, PhD

**Professional title:** Associate Professor, Chief Doctor

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

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

**Manuscript submission date:** 2023-10-03

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2023-10-05 02:02

**Reviewer performed review:** 2023-10-11 08:40

**Review time:** 6 Days and 6 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 Grade E: Do not publish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 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 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 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 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 delved into the clinical characteristics and outcomes of hepatocellular carcinoma (HCC) in individuals afflicted with primary Budd-Chiari syndrome (BCS), a subject that has received relatively limited attention in existing literature, thereby underscoring its significance. I have a couple of concerns to address: 1. In my view, the most valuable insight derived from this study pertains to the incidence of HCC in patients with BCS. Given the rarity of this disease, assembling a substantial cohort for examination is a formidable task. Consequently, the treatment and outcomes of HCC may be less pivotal, as they are influenced by a multitude of factors and may offer limited insights to the broader medical community. This leads to my perplexity regarding the division of Indian BCS patients into two separate cohorts. Does geographic location play a role in generating substantial differences between the two groups? If not, it might be more beneficial for the authors to merge these cohorts, thereby providing us with the most extensive cohort ever to better address this question. 2. I find myself somewhat puzzled by two aspects of the HCC treatment in this study. Firstly, it raises questions as to why none of the patients, even those classified under BCLC Stage A,



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received curative treatments, such as surgery or ablation for HCC. Additionally, the study leaves me wondering why most of the patients only underwent a single session of TACE, particularly when it is generally understood to require repeated applications. However, it's worth noting that the treatment of HCC is intricate and multifaceted, influenced by a myriad of factors.



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**Reviewer's code:** 03120503

**Position:** Editorial Board

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<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 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 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 checked="" type="checkbox"/> Yes <input 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

This is an well-written paper on a important subject. However, there are still a number of issues that need to be addressed. 1.The authors used an epidemiologic approach to investigate the occurrence of HCC in BCS in two area. We know that there are significant geographic differences in BCS, and that the causative factors and incidence can vary; therefore, this paper needs to further explain whether there are geographic factors that contribute to the inconsistency of the results in Mumbai cohort and New Delhi cohort. 2.In the abstract section, the authors presented that the median survival among patients who did not undergo interventions for HCC, compared with those who did, was 3.5 years vs 3.1 months (P=0.0001), Why patients who underwent TACE had significantly lower survival time than untreated patients. 3.In the Definitions section, lack of references for the definition of vena cava obstruction in short (