



## PEER-REVIEW REPORT

**Name of journal:** *World Journal of Gastroenterology*

**Manuscript NO:** 90251

**Title:** Efficacy of radiofrequency ablation combined with sorafenib for treating liver cancer complicated with portal hypertension and prognostic factors

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

**Peer-review model:** Single blind

**Reviewer's code:** 07747453

**Position:** Peer Reviewer

**Academic degree:** PhD

**Professional title:** Doctor, Research Associate

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

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

**Manuscript submission date:** 2024-01-05

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2024-01-08 23:55

**Reviewer performed review:** 2024-01-21 04:42

**Review time:** 12 Days and 4 Hours

<b>Scientific quality</b>	<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 Grade E: Do not publish
<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**

The study investigates the effectiveness of RFA in combination with sorafenib for liver cancer patients with portal hypertension, analyzing prognostic factors. One hundred patients were divided into a research group (RFA with sorafenib) and a control group (RFA only). The research group showed significantly higher total efficacy (82.00%) than the control group (56.00%). Liver function, portal vein pressure, and tumor markers improved more in the research group. Adverse reactions were higher in the research group, with a 3-year survival rate of 72.00%, compared to the control group (40.00%). Multivariate analysis identified high Child-Pugh grade, tumor size (6-10 cm), history of hepatitis, no sorafenib use, liver cancer stage IIIC, and previous splenectomy as poor prognostic factors. The study provides valuable insights into the combined treatment of RFA and sorafenib for liver cancer with portal hypertension. The methodology is robust, with clear inclusion/exclusion criteria and rigorous statistical analyses. The results show promising efficacy, although the increased adverse reactions in the research group are noteworthy. However, the small sample size is a limitation, and a more extensive study is necessary to generalize the findings. Additionally, a detailed discussion on the



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mechanisms underlying the treatment's efficacy would enhance the paper.



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**Peer-review model:** Single blind

**Reviewer’s code:** 07747476

**Position:** Peer Reviewer

**Academic degree:** MD

**Professional title:** Assistant Professor, Research Scientist

**Reviewer’s Country/Territory:** United States

**Author’s Country/Territory:** China

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**Reviewer accepted review:** 2024-01-07 02:11

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**Review time:** 14 Days and 3 Hours

<b>Scientific quality</b>	<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
<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 checked="" type="checkbox"/> Grade A: Excellent <input 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 manuscript addresses a clinically relevant issue and presents well-organized research. Authors study the effectiveness of radiofrequency ablation in combination with sorafenib for treating patients suffering from liver cancer with portal hypertension and to analyze the prognostic factors. The methodology is sound, and the results support the efficacy of RFA combined with sorafenib in treating liver cancer with portal hypertension. The inclusion of adverse reactions and survival rates provides a comprehensive view. However, the study's limitation lies in the sample size, and a larger-scale investigation is warranted for robust conclusions. Others, In the Methods section on the page 1, 'the research group received radiofrequency ablation in combination with sorafenib,' repeated twice. The paper is well-written, but a more in-depth discussion on the adverse reactions and potential strategies for mitigation would be beneficial.