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PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Cases

Manuscript NO: 92656

Title: Establishment and evaluation of a prognostic model for patients with unresectable

gastric cancer liver metastases

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 03767650

Position: Editorial Board

Academic degree: MD, PhD

Professional title: Professor

Reviewer's Country/Territory: Japan

Author's Country/Territory: China

Manuscript submission date: 2024-02-01

Reviewer chosen by: AI Technique

Reviewer accepted review: 2024-02-03 00:10

Reviewer performed review: 2024-02-12 12:28

Review time: 9 Days and 12 Hours

	[] Grade A: Excellent [] Grade B: Very good [] Grade C:
Scientific quality	Good
	[Y] Grade D: Fair [] Grade E: Do not publish
Novelty of this manuscript	[] Grade A: Excellent [] Grade B: Good [Y] Grade C: Fair [] Grade D: No novelty
Creativity or innovation of this manuscript	 [] Grade A: Excellent [] Grade B: Good [Y] Grade C: Fair [] Grade D: No creativity or innovation



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Scientific significance of the conclusion in this manuscript	[] Grade A: Excellent [] Grade B: Good [Y] Grade C: Fair [] Grade D: No scientific significance
Language quality	[] Grade A: Priority publishing [Y] Grade B: Minor language polishing [] Grade C: A great deal of language polishing [] Grade D: Rejection
Conclusion	 [] Accept (High priority) [] Accept (General priority) [] Minor revision [Y] Major revision [] Rejection
Re-review	[Y]Yes []No
Peer-reviewer statements	Peer-Review: [Y] Anonymous [] Onymous Conflicts-of-Interest: [] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

This study identifies pivotal prognostic factors and introduces a nomogram model for predicting individualized prognosis in GCML. The authors found five independent risk factors including albumin levels, primary tumor size, presence of extrahepatic metastases, surgical treatment status, and chemotherapy administration. This retrospective study is well organized, however, some major issues were raised. 1. The AUC of 0.7-0.8, 0.8-0.9, and 0.9-1.0 indicate fair, good, and excellent predictive accuracies, respectively. The AUC for OSs from 1 to 3 years is fair, so please change the article including the Abstract accordingly. 2. It is unclear which variables were enrolled into the multivariate analysis. Please describe the method in the Statistical analysis. Age and gender should be included in multivariate analysis. There was a significant difference in BMI in univariate analysis, but was it enrolled into multivariate analysis? 3. Since gastric cancer and H. pylori infection status have a clinically important relationship, they should be included in the analysis. Did you assess this relationship?



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RE-REVIEW REPORT OF REVISED MANUSCRIPT

Name of journal: World Journal of Clinical Cases Manuscript NO: 92656 Title: Establishment and evaluation of a prognostic model for patients with unresectable gastric cancer liver metastases Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed Peer-review model: Single blind **Reviewer's code:** 03767650 **Position:** Editorial Board Academic degree: MD, PhD Professional title: Professor Reviewer's Country/Territory: Japan Author's Country/Territory: China Manuscript submission date: 2024-02-01 Reviewer chosen by: Huo Liu Reviewer accepted review: 2024-03-14 11:38 Reviewer performed review: 2024-03-15 14:24 Review time: 1 Day and 2 Hours

Scientific quality	[] Grade A: Excellent [] Grade B: Very good [Y] Grade C: Good [] Grade D: Fair [] Grade E: Do not publish	
Language quality	 [] Grade A: Priority publishing [Y] Grade B: Minor language polishing [] Grade C: A great deal of language polishing [] Grade D: Rejection 	
Conclusion	 [] Accept (High priority) [] Accept (General priority) [] Minor revision [Y] Major revision [] Rejection 	
Peer-reviewer	Peer-Review: [Y] Anonymous [] Onymous	



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statements

Conflicts-of-Interest: [] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

Thank you for revising. There are still points to be corrected in this manuscript. 1. Age and sex are clinically significant factors for this study. The variables that are enrolled into multivariate analysis must be clinically significant rather than statistically relevant. Therefore, even if age and sex are not significantly associated in univariate analysis, they should be included in multivariate analysis. 2. Although the section on Statistical analysis has been revised, the method for selecting explanatory variables used in multivariate analysis is still not clear. 3. Regarding the relationship with H. pylori, please explain in the limitations why this was not included in the analysis, given that most cases of gastric cancer are infected with H. pylori.