



PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Cases

Manuscript NO: 48459

Title: Predicting surgical site infections using a novel nomogram in patients undergoing hepatectomy

Reviewer’s code: 01559615

Reviewer’s country: Turkey

Science editor: Ze-Mao Gong

Reviewer accepted review: 2019-04-24 09:28

Reviewer performed review: 2019-04-24 10:44

Review time: 1 Hour

SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION	PEER-REVIEWER STATEMENTS
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	<input type="checkbox"/> Accept	Peer-Review:
<input type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language polishing	(High priority)	<input checked="" type="checkbox"/> Anonymous
<input type="checkbox"/> Grade C: Good		<input type="checkbox"/> Accept	<input type="checkbox"/> Onymous
<input checked="" type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of language polishing	(General priority)	Peer-reviewer’s expertise on the topic of the manuscript:
<input type="checkbox"/> Grade E: Do not publish	<input type="checkbox"/> Grade D: Rejection	<input type="checkbox"/> Minor revision	<input checked="" type="checkbox"/> Advanced
		<input checked="" type="checkbox"/> Major revision	<input type="checkbox"/> General
		<input type="checkbox"/> Rejection	<input type="checkbox"/> No expertise
			Conflicts-of-Interest:
			<input type="checkbox"/> Yes
			<input checked="" type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS

This is a retrospective analysis on predictive factors of SSI in patients undergone hepatectomy for HCC. Title should be revised. The results of this study should not be generalized on liver surgery. The study population is very stringent. Exclusion of



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additional surgery and biliary reconstruction is diminishing the power of study. Liver surgery or hepatectomy is not used only to treat HCC patients. Regarding to inclusion criteria, how did authors diagnose HCC preoperatively? Did you used liver bx or not? Did authors use any classification system regarding to HCC? I would like to see distribution of staging of disease in study group. The role of malignant process in the development of SSI should be investigated. How many patients are faced with preoperative treatment other than surgery (TACE/RF/sorafenib treatment)? Did authors investigate the role of preoperative treatment (TACE/RF/sorafenib) in the development of SSI? In discussion part, authors mentioned about preoperative treatments, however, I have not seen any data regarding to this issue in the manuscript. As very well known in the surgical infection study groups, the diagnosis of infection after surgical procedures done as 20 to 30 days after operation. The absence of analysis of postoperative factors on the development of SSI in the manuscript is a major faulty. I can't see the postoperative complications regarding to Dindo's classification in a table. Authors assured to classify their complications regarding to this classification, however, no data including the manuscript. This is another essential problem. The rate of major hepatectomy is very low. The low SSI rate and mortality may be related to this factor. This bias should be accepted by the authors and this issue should be mentioned in discussion part of manuscript. According to my opinion, presented validation model seems not strong as authors claimed that.

INITIAL REVIEW OF THE MANUSCRIPT

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PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Cases

Manuscript NO: 48459

Title: Predicting surgical site infections using a novel nomogram in patients undergoing hepatectomy

Reviewer’s code: 00505584

Reviewer’s country: France

Science editor: Ze-Mao Gong

Reviewer accepted review: 2019-04-24 06:31

Reviewer performed review: 2019-05-06 08:39

Review time: 12 Days and 2 Hours

SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION	PEER-REVIEWER STATEMENTS
<input checked="" type="checkbox"/> Grade A: Excellent	<input checked="" type="checkbox"/> Grade A: Priority publishing	<input type="checkbox"/> Accept	Peer-Review:
<input type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language	(High priority)	<input checked="" type="checkbox"/> Anonymous
<input type="checkbox"/> Grade C: Good	polishing	<input checked="" type="checkbox"/> Accept	<input type="checkbox"/> Onymous
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of	(General priority)	Peer-reviewer’s expertise on the
<input type="checkbox"/> Grade E: Do not	language polishing	<input type="checkbox"/> Minor revision	topic of the manuscript:
publish	<input type="checkbox"/> Grade D: Rejection	<input type="checkbox"/> Major revision	<input checked="" type="checkbox"/> Advanced
		<input type="checkbox"/> Rejection	<input type="checkbox"/> General
			<input type="checkbox"/> No expertise
			Conflicts-of-Interest:
			<input type="checkbox"/> Yes
			<input checked="" type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS

This is a retrospective review of 640 patients who underwent hepatectomy for hepatocellular cancer at 2 centers in China. Using these cohorts the authors were able to devise a nomogram to predict the risk of surgical site infections in patients undergoing



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hepatectomy for HCC. It is a well-written article, with only a few minor grammatical issues, which I have addressed below. I also have 1 question in the design of the study. The authors describe the difference in the 2 centers used. Training and a Validation cohorts. I do not appreciate a significant difference in the results from the 2 groups and do not understand why the 2 hospital are divided into these 2 cohorts, but then in the discussion they seem to be combined into 1 cohort of 640 patients. Could this be elaborated on in the manuscript? Both centers are high volume. Were the patients from the Training cohort done prior to the Validation cohort? What was done differently in the Validation cohort to justify this distinction? Core Tip This nomogram integrating information of medical history, liver function, performance status and intra-operative risk may have potential for helping surgeon identify the patients with increased risk of SSI in clinical practice. Should read: "This nomogram integrating information of medical history, liver function, performance status and intra-operative risk may have THE potential for helping surgeon'S identify patients with AN increased risk of SSI in clinical practice." Introduction In the present study, we aimed to investigate the risk factors for SSI after hepatectomy for HCC, and develop a prediction model for SSI by analyzing clinical data from a consecutive series of patients undergoing hepatectomy at our institution and validate the prediction model in external cohort. Should read: "In the present study, we aimed to investigate the risk factors for SSI after hepatectomy for HCC, and develop a prediction model for SSI by analyzing clinical data from a consecutive series of patients undergoing hepatectomy at our institution and validate the prediction model in AN external cohort." Patient Management The prophylactic antibiotics (a first-generation cephalosporin) was administered 30 minutes before skin incision, every 3-hour during the surgery and twice daily for two days after surgery, according to the CDC guidelines. The drainage tube were routinely placed in the right subphrenic space, Winslow foremen, or the cut surface of the liver, according to the type



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of hepatectomy and was connected to a closed drainage system. “Prophylactic antibiotics (a first-generation cephalosporin) wERE administered 30 minutes before skin incision, every 3-hour during the surgery and twice daily for two days after surgery, according to CDC guidelines. DRAINS were routinely placed in the right subphrenic space, FORAMEN OF Winslow, or ALONG the cut surface of the liver, according to the type of hepatectomy and was connected to a closed drainage system. Development and validation of the predictive nomogram The C-index of the nomogram for SSI prediction were 0.86 for training cohort and 0.84 for validation cohort (Figure 2 A and C). “The C-index of the nomogram for SSI prediction wAS 0.86 for the training cohort and 0.84 for THE validation cohort (Figure 2 A and C). We compare the nomogram with NNIS risk index in both traing corhorth and validation cohort. “We compareD the nomogram with THE NNIS risk index in both THE TRAINING and validation cohortS.” Discussion It is noteworthy that the experience of surgical team played a important role in determining the duration of surgery. “It is noteworthy that the experience of THE surgical team played aN important role in determining the duration of surgery.”

INITIAL REVIEW OF THE MANUSCRIPT

Google Search:

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