PEER-REVIEW REPORT

Name of journal: *World Journal of Gastroenterology*

Manuscript NO: 71569

Title: Clinical online nomogram for predicting prognosis in recurrent hepatolithiasis after biliary surgery: A multicenter, retrospective study

Provenance and peer review: Unsolicited manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 01588784

Position: Editorial Board

Academic degree: MD, PhD

Professional title: Assistant Professor, Senior Lecturer, Surgeon

Reviewer's Country/Territory: Japan

Author's Country/Territory: China

Manuscript submission date: 2021-09-14

Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-09-15 21:50

Reviewer performed review: 2021-09-19 10:49

Review time: 3 Days and 12 Hours

Scientific quality	[Y] Grade A: Excellent [ ] Grade B: Very good [ ] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish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

General comments: This study assessed the risk factors of secondary hepatolithiasis after biliary tract surgery and the identified predictors were multiple previous operations, bilateral hepatolithiasis, lack of immediate clearance, preoperative NLR (neutrophil-to-lymphocyte ratio)>2.462, and preoperative AGR (albumin-to-globulin ratio) <1.5. Subsequently, the nomogram was constructed to demonstrate the risk for poor prognosis after secondary hepatolithiasis that showed good predictive performance both in the internal and external cohorts. The nomogram was further tested using decision curve analysis that confirmed sufficient predictive power.   The strength of this study was that the created nomogram was validated through multiple calculation models and the use of online nomogram is quite easy.   There are some limitations in this study and the greatest of which is the inclusion of only patients with secondary hepatolithiasis who underwent surgically treatment: however, the authors have clearly stated this in the discussion.   Specific comments: Minor points: 1. Abstract: The number of analyzed patients and the study design (multicenter, retrospective should be included in the methods. 2. Introduction: The prevalence of hepatolithiasis is derived from the citation no. 5 (Ozturk A et al. Turk J Urol 2017). However, the original number of this was published by the Feng X et al.   Intractable Rare Dis Res. 2012;1:151–6. Please consider substituting the citation.   3. Discussion: On page 13, the abbreviation "ICC" should be defined as firstly appeared in the row 5.

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

SPECIFIC COMMENTS TO AUTHORS

1.   The definition of "secondary hepatolithiasis" is the stones both mainly in the extra-hepatic duct and accumulated into the intra-hepatic duct, and "primary hepatolithiasis" is the stones mainly in the intra-hepatic duct (Ref.6 and 7). The definition of Secondary hepatolithiasis is defined as hepatolithiasis with a history of biliary tract surgery for different reasons in your article. Therefore, I suggested that it is better to use the term "recurrent hepatolithiasis after operation" instead of secondary hepatolithiasis. 2.   Concerning the study design, there were two cohort groups; training and validation cohort and two cohort patients come from the different hospitals. If we used the training and validation cohort is to prove the training group is accuracy or not by validation group. Therefore, how about supply used the group A and B? Please take a consideration   3.   The topic is concerning the prognosis of the treatment, But we can't understand what's the content of the prognosis. It is better to tell us the independent facts which will affect the prognosis such as operative mortality, clearance rate of stone or life quality or malignant change etc   4.   In the section of "post-operative management" before discharge, all patients underwent abdominal CT examination again to confirm whether the stone was removed immediately during the operation". Are sure to perform CT? Why not post-operative T-tube cholangiography which will be more accuracy and easy to perform.   5.   In case of residual stones, do you perform post-operative choledochoscopic lithotripsy repeatedly and periodically until the stones removed completely where possible.   6.   The predictive model study with training and validation cohort were seemed to have and to close the "Artificial Intelligence" study model. Encourage authors to improve this study to

become more valuable as AI model.   7.   Please mention more about the type of the first operation procedure because the first procedure will affect the need of secondary operation in the section of "Discussion"

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SPECIFIC COMMENTS TO AUTHORS

1 Title. YES,   2 Abstract. YES. But ıt could be better ıf adds some information about the materials and research results to the results section. 3 Key words. YES   4 Background. YES   5 Methods. YES   6 Results. Well documented. I think that the results will some contribution the the medical literature   7 Discussion. Well. Enough.   8 Illustrations and tables. OK   9 Biostatistics. YES, GOOD   10 Units. YES   11 References. YES, References are current and sufficient   12 Well documented. Well writen, discussed, and presented. There is no need linguistic revision.   13 They have prepared a large clinical series. I believe that it meets the required criteria and standards regarding the spelling rules.   14 Ethics statements. No problem