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PEER-REVIEW REPORT

Name of journal: *World Journal of Gastroenterology*

Manuscript NO: 84839

Title: Predicting portal venous anomalies by left-sided gallbladder or right-sided ligamentum teres hepatis: A large scale, propensity score-matched study

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 02440467
Position: Editorial Board
Academic degree: MD
Professional title: Academic Research, Adjunct Professor, Doctor
Reviewer's Country/Territory: Italy
Author's Country/Territory: Taiwan

Manuscript submission date: 2023-03-29

Reviewer chosen by: Geng-Long Liu

Reviewer accepted review: 2023-04-26 05:55

Reviewer performed review: 2023-05-01 09:35

Review time: 5 Days and 3 Hours

Scientific quality	[ ] Grade A: Excellent [ ] Grade B: Very good [Y] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish
Novelty of this manuscript	[ ] Grade A: Excellent [Y] Grade B: Good [ ] 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 paper may have some anatomical importance for surgeons. However, it does not appear to have much clinical value despite the fact that the authors indicate that some anatomical variations are "alarming features for hepatobiliary intervention". My main concern after reading this paper was how could the Authors have reviewed retrospectively in a short time (let's suppose 6 months) 71822 CT scan and then selected 8552 CT scan images suggesting anatomical variations regarding right-sided ligamentum teres, portal venous anomalies (PVA) and left-sided gallbladder? I doubt that 8552 CT scan images can be reviewed in some months without proper planning and the right resources, such as hundreds of radiologists or the use of sophisticated AI-assisted software. As a matter of fact, there are several AI-assisted software available that can help review CT scan images in a short period of time. These tools use algorithms to identify regions of interest and can help to highlight any potential anatomical variations regarding the right-sided round ligament of the liver, portal vein, and left-sided gallbladder location. Google's DeepMind or Zebra Medical Vision are some examples of AI-assisted software. What was the protocol you followed when setting up

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your system research among thousands of CT scan? In reviewing such a huge number of images, what protocol did you use to standardize the review process? Were all radiologists trained to look for all anatomical variations using homogeneous search criteria in a short time? This information is crucial. How was each CT scan prioritized for a possible presence of anatomical variation? How was the workload assigned to the radiologists team? For each radiologist, how many CT scans were assigned? What was the timeline given to each expert and how was it completed? The 8552 CT scans were stored in what type of database? Doubtful images were always discussed among radiologists? Could you give us some indication of the time required for each radiologist to examine each case and the mean time to review difficult cases? Could you tell us the overall time required to carefully review 8552 CT scans?

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Peer-review model: Single blind

Reviewer's code: 03537453
Position: Editorial Board
Academic degree: MD
Professional title: Chief Doctor, Professor
Reviewer's Country/Territory: China
Author's Country/Territory: Taiwan

Manuscript submission date: 2023-03-29

Reviewer chosen by: Geng-Long Liu

Reviewer accepted review: 2023-05-16 12:51

Reviewer performed review: 2023-05-17 14:34

Review time: 1 Day and 1 Hour

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

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Re-review	[Y] Yes [ ] No
Peer-reviewer statements	Peer-Review: [Y] Anonymous [ ] Onymous
	Conflicts-of-Interest: [ ] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

The strength of this manuscript was that it was an intereseting and useful topic. The limitations of the manuscript were that there were some grammatical issues, inadequate citations, and inadequate writings. Some specific concerns: A few lines of address of normal locations of gallbladder and ligamentum teres in classic textbook may be beneficial to the overall of this manuscript. Page 2: To highlight the rare variations that RSLT may not come with LGB and determine whether ligamentum teres (LT) or gallbladder location is reliable to predict PVA.----------□ "variations" should be "variation" here. Page 2: "METHODS: RESULTS:" It's not adequate to use a present tense for all in these sections. Simple past tense and other relevance tenses were required for the presentation and description. Page 3: In particular, RSLT is highly correlated with a high interverional risk morbidity feature,----------□ "interverional" should be "interventional". Page 4: Contrast-enhanced abdomen CT studies were performed using a Philips iCT family CT scanner or Siemens Somatom Sensation 16 Slice CT. ---------□ Philips iCT family CT scanner ? 16 Slice CT ? please check (CT examination protocol , etc) and make sure of them. Page 4: We retrospectively reviewed 71,822

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contrast-enhanced multidetector computed tomography (MDCT) examinations performed in Department of Radiology, Veterans General Hospital between September 2018 and September 2021 but excluded repeat cases and patients who had major hepatobiliary surgery.-------□ 71,822 contrast-enhanced multidetector computed tomography (MDCT) examinations in one hospital? Which was not consistent with the authors from different hospitals of this study. Page 5: the RSLT presented in this study were recognized by the round ligament (or LT) notch directly connected to the umbilical portion of the portal vein that derives from the right portal branches (Figure 3-4). -------□ "derives" or "derived"? Page 5: (Figure 4) whereas the cases other than these types were classified following Carmen G and Mostafa Atri et al. [12].------□ Carmen G and Mostafa Atri et al. [12] Page 5: First, we compare PVA prevalence based on GB locations and refer to it as Test A since GB location and PVA are often indicated as highly correlated in prior studies [11]. ------□ "studies" may be "study"; the reference may be omitted. Page 5 and 6: Statistical analysis: Simple past tense and other relevance tenses were required. Page 6: Also, PVA types in our cases are consistent with previous studies [13] i.e. Overall, trifurcation-type PVA is the most common anomaly while "independent right lateral type" PVA as defined by Shindoh et al. [2] ------□ references should not be used in the "Results". Page 8: As shown in Table 4, a total of 22 patients of RSLT and typical LT are matched based on propensity score where basic demographics and GB location are well balanced with the SMDs less than 0.2 between the two groups [20]. ------□ reference should not be used in the "Results". Page 6--8: Results: Simple past tense and other relevance tenses were adequate. Page 6: performed with SPSS, version 25.0. (SPSS Inc., Chicago, IL, USA)-----□ "Chicago, IL," is not correct. Page 15: Figure 2. TEST B RSLT n=8518-------□ This section should be reformatted. Page 16: Figure 3: In the figure (A) , "round" should be "Round". Expressions of percentile and sex in the table 1-4 should be consistent.

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Peer-review model: Single blind

Reviewer's code: 03537089
Position: Peer Reviewer
Academic degree: MD
Professional title: Academic Editor, Doctor, Professor, Surgeon
Reviewer's Country/Territory: Egypt
Author's Country/Territory: Taiwan

Manuscript submission date: 2023-03-29

Reviewer chosen by: Geng-Long Liu

Reviewer accepted review: 2023-05-18 08:19

Reviewer performed review: 2023-05-20 12:18

Review time: 2 Days and 3 Hours

Scientific quality	[ ] Grade A: Excellent [ ] Grade B: Very good [Y] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish
Novelty of this manuscript	[ ] Grade A: Excellent [Y] Grade B: Good [ ] Grade C: Fair [ ] Grade D: No novelty
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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) [Y] Minor revision [ ] Major revision [ ] Rejection
Re-review	[ ] Yes [Y] No
Peer-reviewer statements	Peer-Review: [Y] Anonymous [ ] Onymous
	Conflicts-of-Interest: [ ] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

Where is the list of abbreviations? Abstract section is good Introduction section is good Matrials and Methods section: is good Results section is good Discussion section is good Why conclusion is written twice? I think this topic needs more and more evidence based support It needs minor revision.

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RE-REVIEW REPORT OF REVISED MANUSCRIPT

Name of journal: *World Journal of Gastroenterology*

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Peer-review model: Single blind

Reviewer's code: 03537453
Position: Editorial Board
Academic degree: MD
Professional title: Chief Doctor, Professor
Reviewer's Country/Territory: China
Author's Country/Territory: Taiwan

Manuscript submission date: 2023-03-29
Reviewer chosen by: Jia-Ping Yan
Reviewer accepted review: 2023-06-06 12:23
Reviewer performed review: 2023-06-06 13:54
Review time: 1 Hour

Scientific quality	[ ] Grade A: Excellent [Y] 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
Peer-reviewer	Peer-Review: [Y] Anonymous [ ] Onymous

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

SPECIFIC COMMENTS TO AUTHORS

Some specific concerns: Page 1: Of the title: The first letter of each word of "A large scale, propensity score-matched study" should be capital. Page 2: Of Keywords: "left-sided gallbladder ;" should be "Left-sided gallbladder;". Page 4: "Scans were acquired in the venous phase by using a SmartPrep protocol," should be "Scans were acquired in the portal venous phase by using a SmartPrep protocol,".

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Position: Editorial Board
Academic degree: MD
Professional title: Academic Research, Adjunct Professor, Doctor
Reviewer's Country/Territory: Italy
Author's Country/Territory: Taiwan

Manuscript submission date: 2023-03-29

Reviewer chosen by: Jia-Ping Yan

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Review time: 21 Hours

Scientific quality	[ ] Grade A: Excellent [Y] 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
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statements	Conflicts-of-Interest: [ ] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

All questions have been satisfactorily answered by the Authors. I would like to emphasize the significance of the Authors' findings regarding the predictive capability of RSLT for portal venous anomalies (PVAs) independently, irrespective of gallbladder location. This novel insight challenges the prevailing hypothesis and highlights the importance of considering ligamentum teres location rather than relying solely on gallbladder position when predicting PVAs. This finding has some significant implications for operators, interventional radiologists, and interventional gastroenterologists. It provides them with valuable insights for improving patient care and treatment outcomes. This study seems to advance understanding of anatomical anomalies. Including visually engaging figures in this article further enhances its didactic value.