

PEER-REVIEW REPORT

Name of journal: *World Journal of Clinical Oncology*

Manuscript NO: 87969

Title: Clinical Study of Standard Residual Liver Volume and Transient Elastography in Predicting Poor Prognosis of Patients with Hepatocellular Carcinoma after Hemihepatectomy

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 05562744

Position: Editorial Board

Academic degree: FACS, MD, PhD

Professional title: Professor, Senior Scientist

Reviewer's Country/Territory: Turkey

Author's Country/Territory: China

Manuscript submission date: 2023-09-04

Reviewer chosen by: AI Technique

Reviewer accepted review: 2023-09-15 02:39

Reviewer performed review: 2023-09-15 02:57

Review time: 1 Hour

Scientific quality	☐ Grade A: Excellent ☒ Grade B: Very good ☐ Grade C: Good ☐ Grade D: Fair ☐ Grade E: Do not publish
Novelty of this manuscript	☐ Grade A: Excellent ☒ Grade B: Good ☐ Grade C: Fair ☐ Grade D: No novelty

Creativity or innovation of this manuscript	☐ Grade A: Excellent ☒ Grade B: Good ☐ Grade C: Fair ☐ Grade D: No creativity or innovation
Scientific significance of the conclusion in this manuscript	☐ Grade A: Excellent ☒ Grade B: Good ☐ Grade C: Fair ☐ Grade D: No scientific significance
Language quality	☐ Grade A: Priority publishing ☒ 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 ☐ Major revision ☐ Rejection
Re-review	☒ Yes ☐ No
Peer-reviewer statements	Peer-Review: ☐ Anonymous ☒ Onymous
	Conflicts-of-Interest: ☐ Yes ☒ No

SPECIFIC COMMENTS TO AUTHORS

In brief the the author analyzed 35 patients with resection due to HCC in the setting of liver cirrosis and they investigated the efficacy of their methodology in predicting post resection liver failure (n=12). In biref: The liver stiffness measure (LSM) value and standard residual liver volume (SRLV) were associated with liver dysfunction after hemihepatectomy. Logistic regression analysis showed that an LSM value ≥ 25 kPa (OR= 6.254, $P<0.05$) and $SRLV \leq 0.290$ L/m² (OR= 5.686, $P<0.05$) were independent risk factors for postoperative liver dysfunction. The new liver reserve evaluation model in predicting postoperative liver function was higher than that of the Child–Pugh score ($P < 0.05$). This is conceptually very important study determining the risk of LF by means of non-invasive tests. 1. Major revision of the english language is required 2. What is the superiority of your study to ICG extraction. This point shoulkd be discussed in the discussion section.



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