

PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Oncology

Manuscript NO: 32978

Title: Rescue ALPPS after portal embolization: Our experience and literature review

Reviewer's code: 01560036

Reviewer's country: Russia

Science editor: Fang-Fang Ji

Date sent for review: 2017-04-14

Date reviewed: 2017-04-18

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input checked="" type="checkbox"/> High priority for publication
<input checked="" type="checkbox"/> Grade C: Good	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Duplicate publication	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input checked="" type="checkbox"/> Plagiarism	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		[Y] No	<input type="checkbox"/> Major revision
		BPG Search:	
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		[Y] No	

COMMENTS TO AUTHORS

Paper will be interesting for readers. To my taste, the causes of insufficient PVE should be added: PV recanalization, portal collaterals etc. Was it impossible to perform repeated PVE? Why you did not use additional hepatic artery embolization? Impossible or ineffective? I believe these data will embellish "Discussion". Some missprints: P.5, Paragraph 2: unreseccable. P.5: "In situ" with capital letter.

PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Oncology

Manuscript NO: 32978

Title: Rescue ALPPS after portal embolization: Our experience and literature review

Reviewer's code: 02733521

Reviewer's country: Italy

Science editor: Fang-Fang Ji

Date sent for review: 2017-04-14

Date reviewed: 2017-04-22

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input type="checkbox"/> High priority for publication
<input checked="" type="checkbox"/> Grade C: Good	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Duplicate publication	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input checked="" type="checkbox"/> Plagiarism	<input checked="" type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		[Y] No	<input type="checkbox"/> Major revision
		BPG Search:	
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		[Y] No	

COMMENTS TO AUTHORS

In the Surgical Procedure: Why authors performed cholecystectomy at first step? - In case of metastases located in the FLR, wedge resections or thermoablations were performed during ALPPS-1. Did the mets were not present before PVE? if they didn't it is a clear tumoral progression and contraindicates surgery. If present before PVE why authors didn't performed a two stage hepatectomy? Parenchyma partition was partial o classical ALPPS?

PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Oncology

Manuscript NO: 32978

Title: Rescue ALPPS after portal embolization: Our experience and literature review

Reviewer's code: 03004829

Reviewer's country: Sweden

Science editor: Fang-Fang Ji

Date sent for review: 2017-04-14

Date reviewed: 2017-04-24

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C: Good		<input type="checkbox"/> Duplicate publication	
<input checked="" type="checkbox"/> Grade D: Fair	<input checked="" type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Plagiarism	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade E: Poor		<input checked="" type="checkbox"/> No	<input type="checkbox"/> Minor revision
	<input type="checkbox"/> Grade D: Rejected	BPG Search:	<input checked="" type="checkbox"/> Major revision
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

COMMENTS TO AUTHORS

The authors present a study on the interesting subject of rescue ALPPS. In the literature one finds only a few case reports and the present study adds to the body of information that this strategy might be of benefit for a selected group of patients. There are however a number of issues that must be addressed: In total, how many patients had portal vein embolization in the authors' centre during the study period? How many ALPPS procedures were performed in the author's centre during the study period? The number of 7 patients with 'failed' PVE seems high to me as the study period was only 2 years. In total how many liver resections were performed during this time period at the authors' centre? When was embolization of segment 4 considered necessary? In the method section, nothing is mentioned on how the selection for the literature review was made. For comparison with the literature, volumetric measurements should be made on CT scans at the different time points on the 7 patients. I urge the authors to please refrain from the wording 'excellent results' on page 12, as the mortality is 1/7 (14%).