

## PEER-REVIEW REPORT

**Name of journal:** World Journal of Gastroenterology

**Manuscript NO:** 35866

**Title:** Anterior Versus Conventional Approach Right Hepatic Resection for Large Hepatocellular Carcinoma: A Systematic Review and Meta-analysis

**Reviewer's code:** 00182114

**Reviewer's country:** Japan

**Science editor:** Li-Juan Wei

**Date sent for review:** 2017-08-15

**Date reviewed:** 2017-08-17

**Review time:** 1 Day

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"/> No	<input checked="" type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		BPG Search:	<input 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

Dear author 1. The anterior approach was first described by Ozawa, as one of the non-conventional approaches to advanced liver cancer in an attempt to avoid causing impairment. The "no-touch" isolation technique has been reported to reduce intraoperative shedding of tumor cells into the portal vein during resection of colorectal cancer. However, uncontrolled massive bleeding at the deeper parenchymal transection plane is a well-known problem in AAH. To reduce the risk of bleeding from the anterior wall of the IVC and the transection surface, Belghiti et al proposed the liver-hanging maneuver using a tape passed between the anterior surface of the IVC and the liver parenchyma. The liver is lifted up with a tape during parenchymal transection, and the risk of massive venous bleeding is minimized. Therefore, please write Belghiti's comment in your discussion. 2. However, there is a potential risk of bleeding from the



caudate hepatic veins induced by the blind passage of an instrument anterior to the IVC. Bleeding from these branches can be substantial and difficult to stop, especially in patients with liver cirrhosis and portal hypertension. Please comment bleeding from these branches in patients with liver cirrhosis and portal hypertension to stop in discussion.



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**Name of journal:** World Journal of Gastroenterology

**Manuscript NO:** 35866

**Title:** Anterior Versus Conventional Approach Right Hepatic Resection for Large Hepatocellular Carcinoma: A Systematic Review and Meta-analysis

**Reviewer's code:** 01221925

**Reviewer's country:** Greece

**Science editor:** Li-Juan Wei

**Date sent for review:** 2017-08-15

**Date reviewed:** 2017-08-18

**Review time:** 3 Days

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		<input checked="" type="checkbox"/> No	<input type="checkbox"/> Major revision
		BPG Search:	
		<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 discuss the results from a systematic review of anterior versus conventional right hepatic resection for large HCC. Could the authors please respond to the following questions/concerns: 1) How do the authors currently decide which technique to use? Is there a (suggested) algorithm? 2) What was the learning curve for the anterior approach at the authors' institution?



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**Manuscript NO:** 35866

**Title:** Anterior Versus Conventional Approach Right Hepatic Resection for Large Hepatocellular Carcinoma: A Systematic Review and Meta-analysis

**Reviewer's code:** 02438768

**Reviewer's country:** China

**Science editor:** Li-Juan Wei

**Date sent for review:** 2017-08-15

**Date reviewed:** 2017-08-28

**Review time:** 12 Days

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"/> 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 type="checkbox"/> Plagiarism	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input type="checkbox"/> No	<input type="checkbox"/> Major revision
		BPG Search:	
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input type="checkbox"/> No	

## COMMENTS TO AUTHORS

Comments for ESPS Manuscript NO35866 The article is interesting. However, I recommend the following modifications or additional data. 1.Although the theoretical advantages of the anterior approach (AA) over the conventional approach (CA) are well established, right hepatectomy using AA with or without the liver hanging maneuver remains a technically demanding method, making numerous surgeons reluctant to perform this approach. In addition, others see that the CA has the advantage of preventing critical bleeding during liver transection, and the AA can be an effective alternative when difficulty is encountered during liver mobilization. After all, safety should be prioritized when selecting a surgical approach, thus the authors should add these additional topics in the Discussion. 2.Hepatocellular carcinoma (HCC) occurs predominantly in patients with underlying chronic liver disease and cirrhosis.



Furthermore, there is a clear trend towards a higher incidence of HCC among patients with decompensated cirrhosis as compared with those with compensated cirrhosis. Decompensated liver cirrhosis is defined by the development of clinically evident complications of portal hypertension. This issue certainly cannot be avoided. Please discuss more the results by adding scientific elements on how AA seems to be safer and more effective technique than CA for right hepatectomy for large HCC than CA when HCC patients with liver cirrhosis and portal hypertension. 3. A few spelling and grammatical errors must be corrected in the revised paper.