

PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

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Title: Predictive Model for acute abdominal pain after Transarterial Chemoembolization of liver cancer

Reviewer's code: 01206373

Position: Peer Reviewer

Academic degree: MD

Professional title: Professor

Reviewer's Country/Territory: Japan

Author's Country/Territory: China

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Reviewer chosen by: Jia-Ping Yan

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Scientific quality	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input checked="" type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Language quality	<input type="checkbox"/> Grade A: Priority publishing <input checked="" type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
Conclusion	<input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input checked="" type="checkbox"/> Major revision <input type="checkbox"/> Rejection
Re-review	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Peer-reviewer statements	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS

General comments: This study is a single-institutional retrospective review of 522 patients with liver cancer treated with transarterial chemoembolization (TACE). The authors evaluated therapy-related pain of patients within 24 hours after TACE. As a result, 97 (16.7%) of these patients had moderate to severe pain. Blood vessel invasion, TACE history, drug-eluting beads TACE, and previous history of abdominal pain after TACE were significant predictors for moderate to severe pain following TACE. On the basis of the outcomes, they made out the predictive model to manage more suitably acute pain of patients treated with TACE. This article is interesting and well written. Actually, their work does not contribute to improved prognosis of patients, but the evaluation of quality of life is an important issue. It will give useful information to physicians. However, there are some problems that the authors should clarify and revise as mentioned in the specific comments below.

Specific comments:

1. **Materials and methods, Patients** In this study, performance status was included in inclusion criteria, but is not included in Table 2. Why was it? Wasn't this a significant predictor for pain?
2. **Materials and methods, Chemoembolization procedure** Dezocine (5 mg) was used as an analgesic during surgery. Were there no patients who more and/or other type of analgesics were used to relieve increased pain during TACE? If any, didn't it affect the results of pain following TACE? Does "perfusion chemotherapy" mean systemic (intravenous) chemotherapy?
3. **Materials and methods, Analysis, 1st paragraph** The pain scores were recorded 0, 2, 4, 6, 12, and 24 h after TACE." Was the greatest score through the overall time defined as a pain score in each patient? Please clarify it.
4. **Discussion** Do the authors think that there was no relationship between the total dose of chemotherapeutic agents administered for TACE and the pain score? If possible, I suggest discussing this matter.
5. **Table 1** Please add a unit to "Dose of Lipiodol".
- 6.



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Table 2 Does “recurrence” mean recurrence after surgery? Does “Non-multiple” mean solitary? Were diffusely extended tumors defined as “Multiple”? Please write what HCC, ICC, and PVA show in full in the footnote of this table. 7. Table 3 What is a definition of “Invasion of blood vessels”? Were both hepatic vein and portal vein included? Up to their first or second branch? Please specify it in the text. “Postoperative analgesics” was not significant variable for pain. Does this mean that analgesics were not selected in accordance with the grade of pain?