



PEER-REVIEW REPORT

Name of journal: World Journal of Gastrointestinal Oncology

Manuscript NO: 62664

Title: Anatomical vs nonanatomical liver resection for solitary hepatocellular carcinoma:
A systematic review and meta-analysis

Reviewer's code: 00724887

Position: Editorial Board

Academic degree: MD

Professional title: Director

Reviewer's Country/Territory: India

Author's Country/Territory: China

Manuscript submission date: 2021-01-14

Reviewer chosen by: Jin-Lei Wang

Reviewer accepted review: 2021-03-31 06:25

Reviewer performed review: 2021-03-31 06:28

Review time: 1 Hour

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Very good <input 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 Grade E: Do not publish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 checked="" type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input 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



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SPECIFIC COMMENTS TO AUTHORS

Well written manuscript I have no further suggestions



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Name of journal: World Journal of Gastrointestinal Oncology

Manuscript NO: 62664

Title: Anatomical vs nonanatomical liver resection for solitary hepatocellular carcinoma:
A systematic review and meta-analysis

Reviewer's code: 05611678

Position: Peer Reviewer

Academic degree: MD

Professional title: Doctor

Reviewer's Country/Territory: Greece

Author's Country/Territory: China

Manuscript submission date: 2021-01-14

Reviewer chosen by: Jin-Lei Wang

Reviewer accepted review: 2021-03-31 14:09

Reviewer performed review: 2021-04-10 22:55

Review time: 10 Days and 8 Hours

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Language quality	<input checked="" type="checkbox"/> Grade A: Priority publishing <input type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
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SPECIFIC COMMENTS TO AUTHORS

The authors of this manuscript have conducted a systematic review and meta-analysis comparing AR of solitary HCC tumors to NAR. AR is usually associated with increased postoperative morbidity, especially in patients with compromised liver function, who make up for an important part of HCC patients. As a result, liver sparing techniques are frequently employed in order to minimise loss of hepatic function. The authors concluded that AR is superior to NAR, which is in accordance with the results of other previous meta analysis. The text is concise and well-written and the results match the objectives of the study. Statistical analysis is solid and the weaknesses of the study are well described in the discussion part. Studies on this subject are mainly retrospective and are characterized by heterogeneity and biases, which is clearly described in the discussion. Eligible studies were required to include exclusively solitary HCC. This decision greatly limits the number of studies that can be included in this paper. The majority of papers comparing AR to NAR, included patients with solitary, as well as patients with multifocal tumors, although the solitary group is the most prevalent. It is understandable that specific data on outcomes in each category are not always available, however this excludes a considerable number of patients from this meta-analysis, including patients from the few randomized control trials. Moreover, a few studies which seem to meet the eligibility criteria were not included in the manuscript. Studies by Dong 2016, Hwang 2015, Yamazaki 2010, Ahn 2013 and Fan 2013 have different objectives, however, they offer comparable data that could be used in this manuscript. Studies by Wakai 2007 and Sasaki 2013 reached similar conclusions with the current meta-analysis but they have not been included in the tables, although they appear in the references. Ziparo 2002, Regimbeau 2002 are non-Asian studies which could have been included to enhance diversity. Conversely, studies by Kobayashi 2008, Nanashima 2008,



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Eltawil 2010, Yamashita 2014 did not show superiority of AR over NAR. Some of these studies have been included in the references These trials appear in the references but were not included in the final analysis. It would be helpful if the authors explained why these studies did not meet inclusion criteria. Finally, it should be mentioned that NAR is usually adopted in cases of impaired liver function, such as in patients with cirrhosis. There is a clear trend in the results' tables that cirrhosis was more prevalent in patients in the NAR arms, which is to be expected from retrospective studies. Impaired liver function at baseline is associated with worse prognosis, thus this may act as a confounding factor. The authors might want to include this in the discussion part.