PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Cases

Manuscript NO: 65420

Title: Pre-operative model combining contrast-enhanced ultrasound with serology biomarkers to predict the early recurrence of hepatocellular carcinoma

Reviewer's code: 00182114

Position: Editorial Board

Academic degree: MD, PhD

Professional title: Professor, Surgeon

Reviewer's Country/Territory: Japan

Author's Country/Territory: China

Manuscript submission date: 2021-03-13

Reviewer chosen by: Jin-Lei Wang

Reviewer accepted review: 2021-03-16 00:28

Reviewer performed review: 2021-03-16 02:28

Review time: 1 Hour

Scientific quality	[ ] Grade A: Excellent [ ] Grade B: Very good [ ] Grade C: Good [Y] Grade D: Fair [ ] Grade E: Do not publish
Language quality	[Y] 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) [Y] Minor revision [ ] Major revision [ ] Rejection
Re-review	[Y] Yes [ ] No
Peer-reviewer statements	Peer-Review: [Y] Anonymous [ ] Onymous Conflicts-of-Interest: [ ] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

Alpha-1-fetoprotein (AFP) is used to monitor progression, evaluate response to therapy and predict recurrence of hepatocellular carcinoma (HCC) after hepatectomy. Other authors say AFP>250ng/ml, DCP>450mAU/ml (Transplant Int 2014,27.391-398), DCP>400mAu (Am J Transplant 2009,9,2362-2371) and AFP>250μg/ml or AFPL3>35% or DCP>7.5μg/ml are good biomarker from the point of prognosis after surgery. I ask question to author. 1. Please tell me the reason why you select AFP to monitor recurrence after surgery. 2. Does AFP react more sensitively to post-treatment recurrence of liver cancer than other biomarkers (DCP, AFPL3)?

PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Cases

Manuscript NO: 65420

Title: Pre-operative model combining contrast-enhanced ultrasound with serology biomarkers to predict the early recurrence of hepatocellular carcinoma

Reviewer's code: 05912049

Position: Peer Reviewer

Academic degree: MD

Professional title: Doctor

Reviewer's Country/Territory: China

Author's Country/Territory: China

Manuscript submission date: 2021-03-13

Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-03-16 07:34

Reviewer performed review: 2021-04-13 03:13

Review time: 27 Days and 19 Hours

Scientific quality	[ ] Grade A: Excellent　[ ] Grade B: Very good　[ ] Grade C: Good [Y] Grade D: Fair　[ ] Grade E: Do not publish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

SPECIFIC COMMENTS TO AUTHORS

1、The manuscript proposes the CEUS model enables the well-calibrated individualized prediction of ER before surgery and may represent a novel tool for biomarker research and individual counseling.First proposed combining contrast-enhanced ultrasound with serology biomarkers to predict the early recurrence of hepatocellular carcinoma.CEUS model that only requires preoperative available parameters may assist surgeons in planning a reasonable treatment strategy. 2、The quality and importance of this manuscript is statistical analysis,Multivariate Cox proportional hazards regression model was used to evaluate the independent prognostic factors of tumor recurrence.The conclusions appropriately summarize the data that this study provided. 3.The limitations of the study and its findings as follows:Data authenticity of the cases included in the manuscript，how to avoid data errors caused by respiratory phase in quantitative analysis of CEUS.