

PEER-REVIEW REPORT

Name of journal: *World Journal of Clinical Cases*

Manuscript NO: 70926

Title: Surgery for hepatocellular carcinoma with tumor thrombosis in inferior vena cava:
A case report

Reviewer's code: 03479093

Position: Editorial Board

Academic degree: FACS, FEBS, MD, PhD

Professional title: Director, Full Professor, Senior Lecturer, Senior Researcher, Surgeon

Reviewer's Country/Territory: Saudi Arabia

Author's Country/Territory: China

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Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-08-22 12:41

Reviewer performed review: 2021-08-26 12:44

Review time: 4 Days

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 Grade E: Do not publish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 checked="" 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

SPECIFIC COMMENTS TO AUTHORS

This study represents a promising therapy option but only for a very selected patient collective. Advanced HCC with vascular invasion is mostly associated with liver cirrhosis, in which major resection is contraindicated. So this patient was lucky to be young, in a cardiovascular excellent condition and without cirrhosis. We can add this interdisciplinary approach to some selected cases in the future of treating advanced HCC. However there is one additional therapeutic option that can be considered which would be TARE (Transarterial radioembolization) known to treat advanced HCC with vascular invasion such as portal vein tumor thrombosis. I would suggest to include publications comparing TARE to TACE and or systemic therapy. Because in unfit patients surgery and thrombectomy is not an option and TARE should be discussed equally or superior to the alternative treatments offered in this report. In summary the manuscript should be revised and resubmitted including a comparison to TARE as to the alternatives mentioned in the discussion.