

## PEER-REVIEW REPORT

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

**Manuscript NO:** 75502

**Title:** Evaluating the best treatment for multifocal hepatocellular carcinoma: a propensity score-matched analysis

**Provenance and peer review:** Invited Manuscript; Externally peer reviewed

**Peer-review model:** Single blind

**Reviewer's code:** 03912378

**Position:** Peer Reviewer

**Academic degree:** BSc, PhD

**Professional title:** Professor

**Reviewer's Country/Territory:** Australia

**Author's Country/Territory:** Italy

**Manuscript submission date:** 2022-02-01

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2022-02-02 02:49

**Reviewer performed review:** 2022-02-05 12:22

**Review time:** 3 Days and 9 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 Grade E: Do not publish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
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



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<b>Peer-reviewer statements</b>	Peer-Review: [ <input type="checkbox"/> ] Anonymous [ <input checked="" type="checkbox"/> ] Onymous Conflicts-of-Interest: [ <input type="checkbox"/> ] Yes [ <input checked="" type="checkbox"/> ] No
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#### **SPECIFIC COMMENTS TO AUTHORS**

There were few patients included in this paper, which means that the statistics are more likely to show no difference between groups. Therefore, the title, abstract, Core tips and Conclusions should be modified to include wording that conveys the small study size. The introduction states that organ shortage for transplant 'cannot be overcome'. This wording is too strong; nothing is impossible and so it is possible that the organ shortfall issue can be alleviated.

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**Provenance and peer review:** Invited Manuscript; Externally peer reviewed

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**Reviewer's code:** 02579144

**Position:** Editorial Board

**Academic degree:** MD, PhD

**Professional title:** Assistant Professor, Doctor

**Reviewer's Country/Territory:** Japan

**Author's Country/Territory:** Italy

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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
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## SPECIFIC COMMENTS TO AUTHORS

To the authors: “Evaluating the best treatment for multifocal hepatocellular carcinoma: a propensity score-matched analysis” My comments are as follows. 1. Please show the rationale for setting the cut-off value of AFP to 400 ng/mL. 2. Please evaluate the HCC stage also with the the Up-to-7 criteria. 3. Please show the detailed breakdown of Child-Pugh score in Tables. 4. How did you judge whether liver cirrhosis be present or not? 5. You mentioned “In patients with multifocal HCC, considering similar post-procedural morbidity, LR confers longer DFS compared with TACE, but without differences in OS.”. As you know, drug therapy, including immunotherapy, is also the treatment option for multifocal HCC. How do you think about the proper use of drug therapy, LR or TACE for multifocal HCC? Please explain your opinion. I hope that my comments will be useful in improving the article.