



## PEER-REVIEW REPORT

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

**Manuscript NO:** 79137

**Title:** Postoperative outcomes and recurrence patterns of intermediate-stage hepatocellular carcinoma dictated by the sum of tumor size and number

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

**Peer-review model:** Single blind

**Reviewer's code:** 05225141

**Position:** Peer Reviewer

**Academic degree:** DVM, PhD

**Professional title:** Doctor

**Reviewer's Country/Territory:** United States

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

**Manuscript submission date:** 2022-08-06

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2022-08-07 18:50

**Reviewer performed review:** 2022-08-12 19:16

**Review time:** 5 Days

<b>Scientific quality</b>	<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 Grade E: Do not publish
<b>Language quality</b>	<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
<b>Conclusion</b>	<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
<b>Re-review</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No



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<b>Peer-reviewer statements</b>	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**

This study investigated the outcomes and recurrence patterns of BCLC-B hepatocellular carcinoma after liver resection by evaluating the sum of tumor size and number. Do the exclusion criteria include pre-treated with other therapies? Amplify Figure 1 to make the letters in the figure clear. Figure 2 is too dim, increase the size same as Figure 3, in two rows. Similarly, supplementary Figures 1 and 2 should be increased in size to increase the resolution.



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**Reviewer’s code:** 05569437

**Position:** Editorial Board

**Academic degree:** MD, PhD

**Professional title:** Adjunct Professor, Attending Doctor, Postdoctoral Fellow, Surgical Oncologist

**Reviewer’s Country/Territory:** Italy

**Author’s Country/Territory:** China

**Manuscript submission date:** 2022-08-06

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2022-09-10 07:50

**Reviewer performed review:** 2022-09-18 18:03

**Review time:** 8 Days and 10 Hours

<b>Scientific quality</b>	<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
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### **SPECIFIC COMMENTS TO AUTHORS**

In this well written manuscript, the authors investigated survivals following liver resection in patients affected by multinodular BCLC-B stage HCC. Study patients were stratified according to the sum of HCC number (N) and maximum size (S, in cm) into two subgroups ( $N+S>10$  VS  $\leq 10$ ), which showed significantly different survivals, mainly related to a different timing and pattern of postoperative recurrence. In particular, patients with a ( $N+S\leq 10$ ) had survivals similar to those of patients within BCLC-A stage Group. Few previous reports have suggested that the sum of N+S may help to stratify prognosis of patients undergoing liver resection for HCC. However, N and S have been previously combined in different ways to improve survival stratification of HCC patients. My comment : did the authors try to evaluate the prognostic performance of tumor burden score and total tumor volume in their study population? I believe that comparing N+S with above mentioned pre-existing scores may increase the clinical validity of the N+S and clarify the real advantage of such novel stratification over the pre-existing ones.