

PEER-REVIEW REPORT

Name of journal: *World Journal of Gastrointestinal Surgery*

Manuscript NO: 80396

Title: Network Meta-analysis of the Prognosis of Curative Treatment Strategies for Recurrent Hepatocellular Carcinoma after Hepatectomy

Provenance and peer review: Invited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 06266268

Position: Peer Reviewer

Academic degree: PhD

Professional title: Chief Physician

Reviewer's Country/Territory: China

Author's Country/Territory: Taiwan

Manuscript submission date: 2022-09-26

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-09-27 10:45

Reviewer performed review: 2022-10-04 09:48

Review time: 6 Days and 23 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 Grade E: Do not publish
Novelty of this manuscript	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No novelty

Creativity or innovation of this manuscript	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No creativity or innovation
Scientific significance of the conclusion in this manuscript	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No scientific significance
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 type="checkbox"/> Yes <input checked="" 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

The research aimed to compare the familiar curative treatments including repeated hepatectomy, radiofrequency ablation, trans-arterial chemo-embolization, and liver transplantation for the patients of rHCC after primary hepatectomy by network meta-analysis. It provided a prominent decision to make the most suitable re-treatment method for the patients of rHCC and attracted lots of readers including clinical doctors. The theme and idea are clear, but some meanings are repeated and ambiguous, and need to be revised. 1. In the section "Introduction", the ranking of leading cause of death was the 2nd in male and 4th in female among all cancers in year of 2019 in Taiwan. Liver cancer is not mentioned. 2. Therapeutic options for primary HCC are clearly depending on specified staging and the international guidelines for following. However, there is still debate on the issue of re-treatment strategies for rHCC. The content and meaning are repeated in the second and third paragraphs of the section "Introduction".

3. Part 3, in the results. Outcomes of OS-3y and 5y of RH compared with others disclosed 1.64(0.56-4.66) and 1.05(0.43-2.56) superior to LT, RFA, and TACE respectively in the figure 3-E & 3-F. RH had a superior in the cumulative OS-3y and 5y based on this analysis. It is not clear and ambiguous.

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Reviewer's code: 05393105

Position: Editorial Board

Academic degree: Doctor, FRCP, MBBS, MD

Professional title: Professor

Reviewer's Country/Territory: India

Author's Country/Territory: Taiwan

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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
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	Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS

The article needs to be improved upon. The following are the suggestions: 1. Minor: Language, abbreviations and grammar need correction throughout the manuscript 2. Major: a. The results need better depiction and summarized along with tables and figures b. The following maybe discussed: i. Wang HL, Mo DC, Zhong JH, et al. Systematic review of treatment strategy for recurrent hepatocellular carcinoma: Salvage liver transplantation or curative locoregional therapy. *Medicine* (Baltimore). 2019;98(8):e14498. doi:10.1097/MD.00000000000014498 ii. Simone Famularo, Matteo Donadon, Federica Cipriani, Davide P. Bernasconi, Giuliano LaBarba, Tommaso Dominioni, Maurizio Iaria, Sarah Molfino, Simone Conci, Cecilia Ferrari, Marco Garatti, Antonella Delvecchio, Albert Troci, Stefan Patauner, Silvia Frassani, Maurizio Cosimelli, Giacomo Zanusi, Felice Giuliani, Elio Jovine, Maria G. Valsecchi, GianLuca Grazi, Adelmo Antonucci, Antonio Frena, Michele Crespi, Riccardo Memeo, Giuseppe



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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: Taiwan

Manuscript submission date: 2022-09-26

Reviewer chosen by: AI Technique

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Review time: 14 Days and 22 Hours

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SPECIFIC COMMENTS TO AUTHORS

In this research, the authors aimed at assessing (and at comparing with each other) the long term outcomes (disease free survival (DFS) and Overall survival (OS)) of 4 different therapeutic strategies (TACE, RFA, repeated hepatectomy (RH) and liver transplantation (LT)) for patients affected by recurrent HCC (rHCC) following HCC resection, performing a network metanalysis of previously published studies on this issue. They identified 30 relevant studies and assembled patients data according to the therapeutic strategy used to treat rHCC. Long term outcomes in different treatment group were assessed and compared with other groups using different statistical methodologies. Despite the manuscript regards an interesting topic (rHCC following HCC resection is unfortunately very common and guidelines regarding the selection of the best management of rHCC may be not always able to guide the clinical practice), and as such may be of interest for clinicians involved in the treatment of HCC, many



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comments are due. Major comments: 1. the manuscript is badly written: the English writing level is very low, there are grammar, orthographical, semantic mistakes. Many sentences lack a subject or a verb. In the discussion, the sentences are not linked with each other. All of this makes the manuscript really difficult to read and understand. I strongly recommend a deep review from an English mother tongue scientific editor. 2. The differences in OS and DFS among different treatment strategies is related to characteristics of tumor and patients in each treatment arm: this aspect may limit the comparability of different arms, determining a selection bias, and should be highlighted in the paper discussion. Minor comments: 3. The flow chart of the search strategy and selection of the manuscripts included in the current analysis should be shown. 4. I suggest the authors to report in table 2 the median number of rHCC.