

## PEER-REVIEW REPORT

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

**Manuscript NO:** 81068

**Title:** Efficacy of dexamethasone and N-acetylcysteine combination in preventing post-embolization syndrome after transarterial chemoembolization in hepatocellular carcinoma

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

**Peer-review model:** Single blind

**Reviewer's code:** 02860506

**Position:** Peer Reviewer

**Academic degree:** MD, PhD

**Professional title:** Chief Doctor, Professor, Surgeon

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

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

**Manuscript submission date:** 2022-10-24

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2022-10-24 11:42

**Reviewer performed review:** 2022-11-01 04:48

**Review time:** 7 Days and 17 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 Grade E: Do not publish
<b>Novelty of this manuscript</b>	<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

<b>Creativity or innovation of this manuscript</b>	<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
<b>Scientific significance of the conclusion in this manuscript</b>	<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
<b>Language quality</b>	<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
<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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<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

## SPECIFIC COMMENTS TO AUTHORS

To prevent patients from Post-embolization Syndrome after TACE, authors put forward the combination of dexamethasone and NAC based on previous researches. Both efficiency and biosafety of the drug combination was assessed. Overall, this research was interesting and provided a new drug combination for preventing PES. However, before acceptance, there remain some comments taken for consideration: 1. Have patients enrolled accepted other therapeutics, including sorafenib, immunotherapy, RFA and others? 2. All the abbreviation should be defined when first appeared, such as DNSS. 3. In discussion, authors are supposed to discuss the reason to choose dexamethasone and NAC as the combination for preventing PES. Other studies about applications of the combination of dexamethasone and NAC might offer a new insight. 4. Please check the word spelling and the grammar, such as 1 episodes in 24 h.

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

**Peer-review model:** Single blind

**Reviewer's code:** 03830061

**Position:** Editorial Board

**Academic degree:** MD, PhD

**Professional title:** Associate Professor

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

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

**Manuscript submission date:** 2022-10-24

**Reviewer chosen by:** Dong-Mei Wang

**Reviewer accepted review:** 2022-11-30 12:31

**Reviewer performed review:** 2022-12-01 11:49

**Review time:** 23 Hours

Scientific quality	<input checked="" type="checkbox"/> Grade A: Excellent <input 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

<b>Creativity or innovation of this manuscript</b>	<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
<b>Scientific significance of the conclusion in this manuscript</b>	<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
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<b>Re-review</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<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

## SPECIFIC COMMENTS TO AUTHORS

This is a single-centre randomized, double blind, placebo-controlled trial evaluating the efficacy of dexamethasone and N-acetylcysteine (NAC+DEXA group; 50 patients) combination versus placebo (50 patients), in preventing post-embolization syndrome and liver decompensation after conventional TACE in patients with early or intermediate stage HCC. General comments The manuscript is well-written and interesting. The main advantage is the randomized, double-blind, methodology. The number of patients included was not large but was calculated based on appropriate power analysis. Statistics are correct. I congratulate the authors for their work. The main disadvantage of this study is that the proposed NAC+DEXA treatment was not compared with another prophylactic protocol (per es dexamethasone alone). It is well known that TACE without PES prophylaxis results in significant PES rates. This should be included in the "limitations" paragraph. Specific comments Title: As lipiodol TACE



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was performed, please consider the term conventional TACE (cTACE) in the title and throughout the text. Abstract: Ok Introduction: Ok Methods: - Few clarifications required regarding the treatment protocol. Dexamethasone per os? Please report when treatment was initiated. In figure 1 it seems that Dexamethasone treatment was initiated 24h before the procedure. This means that patients were admitted in the hospital at least 24h before the procedure. This should be clear in the text too. Moreover, The authors should briefly report (with references) why the specific dosage protocol was chosen. Results: Discussion: - "... and tumor cell into the bloodstream." This reads as if TACE incites metastasis. References: Ok Tables: Ok Figures: Ok