

PEER-REVIEW REPORT

Name of journal: *World Journal of Gastrointestinal Surgery*

Manuscript NO: 82215

Title: Liver transplantation for combined hepatocellular carcinoma and cholangiocarcinoma: A multicenter study

Provenance and peer review: Invited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 05658471

Position: Peer Reviewer

Academic degree: MD

Professional title: Doctor

Reviewer's Country/Territory: China

Author's Country/Territory: South Korea

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Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-12-13 00:38

Reviewer performed review: 2022-12-16 00:33

Review time: 2 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 Grade E: Do not publish
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

Combined with practical clinical problems, this study proposed that the prognosis after cHCC-CC liver transplantation was relatively poor, and analyzed the related influencing factors. The conclusion was finally reached: Poor prognosis of patients diagnosed with cHCC-CC after LT can be predicted based on explant liver. Frequent regular surveillance for cHCC-CC patients should be required for early detection of tumor recurrence. It has certain guiding significance for clinical practice. But I have some comments as follows:

1. For the treatment of liver cancer, local regional treatment is an important means, such as ablative therapy, TACE, radiotherapy, etc., which is commonly used in clinic. In some research centers, needle biopsy of the tumor will be performed at the same time during the ablation to clarify the pathological diagnosis and guide the subsequent treatment. The authors of the study mentioned in lines 100 and 111 that "... diagnosed with cHCC-CC in their postoperative pathology reports..." , no reference was made to whether a needle biopsy was performed at the time of local regional treatment, but was it appropriate to conclude, in lines 274 and 275, that "Thus, a liver biopsy prior to LT might not reveal the exact diagnosis?"

2. This study mentioned that "frequency of locoregional therapies >3" was the factor that influenced tumor recurrence. In the article, lines 123 and 124 mentioned "... history of locoregional therapy, including frequency of locoregional therapy, transarterial chemoembolization (TACE), LR, radiofrequency ablation (RFA), or radiation..." . May I ask: Was the same treatment regimen used for the three local treatments or was it sequential with other treatments? We know that a patient may not have the same clinical effect with three TACE treatments in a row as with two TACE plus one ablation. Please check it. Thank you.

3. PSM was used as a



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statistical method. The author mentioned in lines 153 and 154 that "Therefore, propensity score matching was conducted prior to comparisons of OS and DFS between the HCC and the cHCC-CC propensity score matched groups ", and the statistical results of PSM were available in Table1,2,3. However, it was not clearly stated when the statistical results of PSM need to be referred to in the description of results. For example: In line 210, it was mentioned that "but encapsulation, tumor necrosis, microvascular invasion, BDTT, intrahepatic metastasis, and multicentric occurrence did not differ between the two groups ", while $P < 0.05$ for the microvascular invasion in the statistical results of PSM in Table 3. 4.The meanings of (C) and (D) are not expressed in FIG. 1-3.

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Re-review	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Peer-reviewer statements	Peer-Review: [<input checked="" type="radio"/>] Anonymous [<input type="radio"/>] Onymous
	Conflicts-of-Interest: [<input type="radio"/>] Yes [<input checked="" type="radio"/>] No

SPECIFIC COMMENTS TO AUTHORS

Thanks for the opportunity to review the paper entitled "Liver transplantation for combined hepatocellular carcinoma and cholangiocarcinoma: A multicenter study". The authors compared the differences in survival and recurrence between HCC and cHCC-CC. The following comments need to be addressed before acceptance. 1.The topic is not very purposeful. 2.Patients who were diagnosed with cHCC-CC and who underwent LT at nine medical centers between January 2000 and December 2018 were selected as the research Group. Patients who received LDLT for HCC at Samsung Medical Center from January 2013 to March 2017 were selected as the control group. Why were the two groups of patients enrolled in different study periods? Why were data from only one center selected for the control group? This can lead to bias in the results. 3.The authors declared: After propensity score matching, the median age of donors in the HCC group was significantly younger than in the cHCC-CC group. However, this conclusion was not consistent with that of Table 1. 4.The median follow-up duration was 44.5 months (range: 1.4-72.5 months) in the HCC group and 39.6 months (range: 0.1-212.5 months) in the cHCC-CC group. 0.1 month means 3 days, is this right? 5.The authors declared they used generalized estimating equations for predicting factors for tumor recurrence and survival. generalized estimating equations is generally used for the evaluation of repeated measurement design data. Is it valid to use generalized estimating equations in this study? 6.Table 5 provides the results of the post-PSM. but it is necessary to supplement the results of the pre-PSM.