



PEER-REVIEW REPORT

Name of journal: *World Journal of Clinical Cases*

Manuscript NO: 86183

Title: Unresectable Hepatocellular carcinoma with portal vein tumor thrombus achieved long-term survival after radiotherapy-antiangiogenesis-immune checkpoint blockade combination therapy: A case report

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer’s code: 06197162

Position: Peer Reviewer

Academic degree: MD, PhD

Professional title: Director

Reviewer’s Country/Territory: Japan

Author’s Country/Territory: China

Manuscript submission date: 2023-06-06

Reviewer chosen by: AI Technique

Reviewer accepted review: 2023-06-24 09:41

Reviewer performed review: 2023-08-05 00:29

Review time: 41 Days and 14 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 Grade E: Do not publish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 checked="" 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 checked="" 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 checked="" type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No scientific significance
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 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

I believe that many hepatologists have already experienced similar cases. Unless there are other case reports of CR without recurrence, this manuscript would merit publication in your Journal. The authors' experience of multidisciplinary treatments of far advanced HCC was very informative and gave valuable suggestions to hepatologists in clinical settings.



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Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer’s code: 03262130

Position: Editorial Board

Academic degree: MD, PhD

Professional title: Doctor, Professor

Reviewer’s Country/Territory: South Korea

Author’s Country/Territory: China

Manuscript submission date: 2023-06-06

Reviewer chosen by: Geng-Long Liu

Reviewer accepted review: 2023-07-22 20:06

Reviewer performed review: 2023-08-08 07:06

Review time: 16 Days and 11 Hours

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
Novelty of this manuscript	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Good <input checked="" type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No novelty



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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

Several comments can be provided to the authors of this case report. 1.Firstly, there is a concern about the accuracy of the first sentence in the introduction, which states, "The incidence of hepatocellular carcinoma (HCC) among patients with portal vein tumor thrombus (PVTT) has been reported to be 44-62.2%." It should be verified whether the correct statement is, "The incidence of PVTT among patients with HCC has been reported to be 44-62.2%." 2.In the subsection "History of present illness," it is suggested to revise the phrase "a 10.6x8.3 cm nodule" to "a 10.6x8.3 cm mass." 3.In Figure 1 G-H-I, it appears that surgical resection was performed on the left lobe of the liver, but this information was not mentioned in the manuscript. It is recommended to clarify this discrepancy. 4.The authors need to include the reason why only the left part of the tumor was irradiated. Additionally, the percentage of the tumor volume that was irradiated should be provided. 5.Was the PVTT lesion irradiated? The manuscript



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should explicitly state whether the PVTT lesion received irradiation or not. 6.The methods of radiotherapy used in this patient should be described in detail. It should be mentioned whether Intensity-Modulated Radiation Therapy was utilized and how respiratory movement of the tumor was managed during irradiation. 7.The patient received a total radiation dose of 36 Gy delivered in 12 fractions. In the discussion section, it is important to address the appropriate radiation dose for the treatment of HCC or HCC with PVTT. 8.Regarding the drug lenvatinib, it should be clarified whether it was administered solely during the 12 fractions of RT or not. The duration of lenvatinib administration before maintenance therapy should be specified.