

## PEER-REVIEW REPORT

**Name of journal:** *World Journal of Gastrointestinal Surgery*

**Manuscript NO:** 86473

**Title:** Comparative effectiveness of several adjuvant therapies after hepatectomy for hepatocellular carcinoma patients with microvascular invasion

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

**Peer-review model:** Single blind

**Reviewer's code:** 05562744

**Position:** Editorial Board

**Academic degree:** FACS, MD, PhD

**Professional title:** Professor, Senior Scientist

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

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

**Manuscript submission date:** 2023-10-11

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2023-10-18 02:30

**Reviewer performed review:** 2023-10-23 18:53

**Review time:** 5 Days and 16 Hours

Scientific quality	<input checked="" type="radio"/> Grade A: Excellent <input type="radio"/> Grade B: Very good <input type="radio"/> Grade C: Good <input type="radio"/> Grade D: Fair <input type="radio"/> Grade E: Do not publish
Novelty of this manuscript	<input checked="" type="radio"/> Grade A: Excellent <input type="radio"/> Grade B: Good <input type="radio"/> Grade C: Fair <input type="radio"/> Grade D: No novelty
Creativity or innovation of this manuscript	<input checked="" type="radio"/> Grade A: Excellent <input type="radio"/> Grade B: Good <input type="radio"/> Grade C: Fair <input type="radio"/> Grade D: No creativity or innovation

<b>Scientific significance of the conclusion in this manuscript</b>	<input checked="" 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 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 checked="" type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input 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 type="checkbox"/> Anonymous <input checked="" type="checkbox"/> Onymous
	Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

## SPECIFIC COMMENTS TO AUTHORS

In brief: Fourteen eligible trials (2,268 patients) reporting five different therapies were included. In terms of reducing the risk of recurrence, radiotherapy (RT) [HR: 0.34 (0.23, 0.5); SUCRA = 97.7%] was found to be the most effective adjuvant therapy, followed by hepatic artery infusion chemotherapy (HAIC) [HR: 0.52 (0.35, 0.76); SUCRA = 65.1%]. Regarding OS improvement, RT [HR: 0.35 (0.2, 0.61); SUCRA = 93.1%] demonstrated the highest effectiveness, followed by sorafenib [HR: 0.48 (0.32, 0.69); SUCRA = 70.9%]. I would like to commend the authors for the design and presentation of the results of the study. It is a paradigm shift.

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**Peer-review model:** Single blind

**Reviewer's code:** 04383865

**Position:** Peer Reviewer

**Academic degree:** MBChB, MD, PhD

**Professional title:** Assistant Professor

**Reviewer's Country/Territory:** United Arab Emirates

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

**Manuscript submission date:** 2023-10-11

**Reviewer chosen by:** Jia-Ru Fan

**Reviewer accepted review:** 2023-11-30 05:22

**Reviewer performed review:** 2023-12-02 10:54

**Review time:** 2 Days and 5 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 checked="" 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 checked="" 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 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

Very interesting study regarding the different treatment options post hepatectomy in HCC patients with MVI. The study is well-written and easy to read. I agree with the authors that the main limitation is the small number of studies included in this systematic review. Here you are some few comments/suggestions in order to improve the quality and correct few mistakes: 1. Line 36, are these treatments in the correct order? I think radical hepatectomy should come before the liver translation as hepatectomy may or not be followed by the transplantation. 2. Line 38, do you want to say that liver transplantation is the golden standard whenever is available? If yes, please clarify it in the text. 3. Line 67, please add more details regarding the HCC patients (males vs females, pediatrics vs adults). 4. Line 117, there is a typo in the final number of studies (14 not 114). Another typo in line 125 as well (extra "t"). 5. The discussion part needs English revision, for example: line 182 (Our study found) is not correct, line 204 (OS instead of overall survival), line 206 (and) should be added before Hauier, line 210 (currently do not recommend) seems to be an incomplete sentence, etc. 6. The tables order in the text should start from Table 1. The authors have presented Table 2 first

followed by Table 1. Please correct the tables order. 7. Please add a figure for the survival analysis using Kaplan-Meier curves for the OS and RFS after different types of treatment.

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

**Peer-review model:** Single blind

**Reviewer's code:** 05923483

**Position:** Peer Reviewer

**Academic degree:** MD

**Professional title:** Doctor

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

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

**Manuscript submission date:** 2023-10-11

**Reviewer chosen by:** Jia-Ru Fan

**Reviewer accepted review:** 2023-12-03 09:44

**Reviewer performed review:** 2023-12-06 14:23

**Review time:** 3 Days and 4 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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<b>Language quality</b>	<input type="checkbox"/> Grade A: Priority publishing <input type="checkbox"/> Grade B: Minor language polishing <input checked="" 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 type="checkbox"/> Minor revision <input checked="" 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

Dear Editor Jia-Ru Fan Thank you for inviting me to review the manuscript submitted for publication in your journal. I have carefully reviewed this manuscript and made these comments. In this meta-analysis work, the author concluded that all four adjuvant therapies significantly outperformed hepatectomy alone in terms of prolonging OS and reducing recurrence risk. Among these therapies, radiotherapy emerged as the most effective adjuvant therapy. Overall, the manuscript can arouse the interest of the reader as the author said this is the first NMA to compare the efficacy of different adjuvant therapies specifically for HCC patients with MVI. However, I have some inquiries as follows. -1. The number of studies included in the meta-analysis seems not so large, which weakens the credibility of the conclusion. -2. As radiotherapy is the most effective adjuvant therapy for HCC patients with MVI, the manuscript should discuss more details. What is the supposed underlying mechanism? How to identify suitable patients for RT therapy after surgery? These issues are important and may be useful to the clinic. -3. In this manuscript, the author only focused on one adjuvant therapy. How about combining adjuvant therapies, what I mean is more than one adjuvant therapy after

surgery. Are there some studies including these data? If so, how about the effectiveness?  
I reckon that this manuscript should be made some major revisions to meet the quality  
of acceptance.



## RE-REVIEW REPORT OF REVISED MANUSCRIPT

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

**Peer-review model:** Single blind

**Reviewer's code:** 05923483

**Position:** Peer Reviewer

**Academic degree:** MD

**Professional title:** Doctor

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

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

**Manuscript submission date:** 2023-10-11

**Reviewer chosen by:** Jing-Jie Wang

**Reviewer accepted review:** 2023-12-25 05:29

**Reviewer performed review:** 2023-12-25 05:39

**Review time:** 1 Hour

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 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
Peer-reviewer	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous



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statements

Conflicts-of-Interest: [ ] Yes [Y] No

#### **SPECIFIC COMMENTS TO AUTHORS**

I believe the author has addressed my inquiry and I agree the manuscript to be published in the World Journal of Gastrointestinal Surgery.