

PEER-REVIEW REPORT

Name of journal: *World Journal of Gastrointestinal Oncology*

Manuscript NO: 87683

Title: Development and validation of a machine learning-based early prediction model for massive intraoperative bleeding in patients with primary hepatic malignancies

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 02445477

Position: Editorial Board

Academic degree: FACS, MS

Professional title: Chief Doctor, Surgeon

Reviewer's Country/Territory: India

Author's Country/Territory: China

Manuscript submission date: 2023-08-22

Reviewer chosen by: Yu-Lu Chen

Reviewer accepted review: 2023-09-16 15:47

Reviewer performed review: 2023-09-16 16:02

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 Grade E: Do not publish
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

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 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

The study is retrospective in nature, needs to be prospective one Retrospective study are to weak to validate a prediction model for significant intraoperative blood loss in patients with primary hepatic malignancies. Referencee for "This retrospective study aimed to develop and validate a prediction model for significant intraoperative blood loss in patients with primary hepatic malignancies. " You are exaaggerating use of statistics used

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Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 01558248

Position: Editorial Board

Academic degree: FACS, MD, PhD

Professional title: Professor, Surgeon

Reviewer's Country/Territory: Taiwan

Author's Country/Territory: China

Manuscript submission date: 2023-08-22

Reviewer chosen by: Yu-Lu Chen

Reviewer accepted review: 2023-09-19 05:49

Reviewer performed review: 2023-09-19 08:14

Review time: 2 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
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	Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS

1.Primary liver cancer including HCC and intrahepatic cholangiocarcinoma, the risk of operative bleeding was different. Why not to focus on HCC if possible? 2 . All the patients treated by laparoscopic liver resection based on the including criteria 2 ? or part of patients by traditional liver resection? 3 .please descript more about volume of the operative bleeding