

PEER-REVIEW REPORT

Name of journal: *World Journal of Gastrointestinal Oncology*

Manuscript NO: 89093

Title: Risk of cardiovascular death in patients with hepatocellular carcinoma based on the Fine-Gray model

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 02845080

Position: Peer Reviewer

Academic degree: DNB, FEBS, FICS, FRCS (Gen Surg), MA, MBBS, MMed, MNAMS, MS

Professional title: Associate Professor, Director, Surgical Oncologist

Reviewer's Country/Territory: Singapore

Author's Country/Territory: China

Manuscript submission date: 2023-10-20

Reviewer chosen by: Yu-Lu Chen

Reviewer accepted review: 2023-11-13 14:18

Reviewer performed review: 2023-11-13 14:37

Review time: 1 Hour

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 Grade E: Do not publish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 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 type="checkbox"/> Grade B: Good <input checked="" 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 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

This is an interesting concept to see if HCC survivors are at risk of cardiovascular disease, and if so what is/are the risk factors. In general i observe most HCC patients being male, high BMI, hepatitis B, and having background risk of cardiovascular illness such as hypertension and/or hyperlipidemia and/or diabetes mellitus. So this study tries and identify other way around for the risk variables! I have some comments 1. The SEER data if have should report BMI, diabetes, hyperlipidemia, hypertension, alcohol history, hepatitis B, hepatitis C etc as these are confounders and not reported 2. The HCC patients have a typical and unique form of chemotherapy delivery i.e. TACE = transarterial chemoembolisation which in theory has less systemic effects including low cardiotoxicity. So authors should try and idenfity the type of chemotherapy modality/delivery route to enhance the results reporting. 3. 5 year survival of HCC patients is in the range of 50% patients i.e. half will be dead within 5 years which is too



**Baishideng
Publishing
Group**

7041 Koll Center Parkway, Suite
160, Pleasanton, CA 94566, USA
Telephone: +1-925-399-1568
E-mail: office@baishideng.com
https://www.wjgnet.com

short for cardiovascular disease manifestations, unless high grade toxicity is being discussed from immunotherapy. 4. It makes sense to study cardiovascular in other cancers like breast and colon as they are more common forms with good proportion of population receiving chemotherapy with a higher likelihood of 10yr and beyond survival and thus studying cardiovascular disease is good and relevant - for HCC the argument doesnt remain so strong after all. Please discuss all these issues. 5. Surprisingly your discussion segment is silent on pertinent and relevant theme of paraneoplastic syndrome of HCC which can actually increase or modify the risk of cardiovascular illness! I would have expected authors to comment on this - PMID: 35649187. Hypercalcemia, hypercholesterolemia, thrombocytosis all can modify the cardiac risk and these are paraneoplastic syndromes. Please enhance the discussion to include this theme. Vishal