

PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

Manuscript NO: 75896

Title: Effects of microwave ablation on serum Golgi protein 73 in patients with primary

liver cancer

Provenance and peer review: Unsolicited manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 02451447 Position: Editorial Board Academic degree: MD, PhD

Professional title: Associate Professor

Reviewer's Country/Territory: United States

Author's Country/Territory: China

Manuscript submission date: 2022-02-21

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-02-23 01:54

Reviewer performed review: 2022-03-03 13:58

Review time: 8 Days and 12 Hours

Scientific quality	[] Grade A: Excellent [] Grade B: Very good [Y] Grade C: Good [] Grade D: Fair [] Grade E: Do not publish
Language quality	[] Grade A: Priority publishing [Y] Grade B: Minor language polishing [] Grade C: A great deal of language polishing [] Grade D: Rejection
Conclusion	[] Accept (High priority) [] Accept (General priority) [] Minor revision [Y] Major revision [] Rejection
Re-review	[Y]Yes []No



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Peer-reviewer statements

Peer-Review: [Y] Anonymous [] Onymous

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

SPECIFIC COMMENTS TO AUTHORS

The authors studied the dynamic changes of serum GP 73 in 150 primary liver cancer patients treated with MWA. Serum GP73 is markedly increased in response to MWA of liver cancer. Thus, serum GP73 holds potential as a marker to monitor MWA-induced inflammatory liver injury in need of amelioration. 1. The authors used "primary liver cancer". This terminology includes mainly both HCC and iCCA. Were these 150 cases all HCC or some were HCC? Please clarify and if they were all HCC, please use HCC instead of primary liver cancer. If some were iCCA, I wonder how the authors put together the AFP levels for comparison. 2. The authors mentioned that all of the study subjects were diagnosed as having primary liver cancer, in accordance with the Guidelines for the Diagnosis and Treatment of Primary Liver Cancer in China. Any case had biopsy confirmed diagnosis? Since this is a prospective study, a biopsy diagnosis would be needed for a well-designed study. Also important is to see the status of background liver. 3. It is unclear so far which cell type produces GP73. In the introduction, the authors mentioned the bile duct epithelial cell is the main cell type to produce GP73, and hepatocyte is very low. The authors' have published before that higher serum GP73 levels are positively correlated with HBV-associated chronic liver diseases. I wonder if the authors have any direct evidence which cell type produces GP73 in HCC patients/HBV patients, bile duct? Hepatocyte? If GP73 can reflect the liver inflammatory status, why there is an increase in GP73 after MWA? Are these GP73 were produced by background liver bile duct epithelial cells or other cells? Any inflammatory cell can produce GP73. That is also very important to have a prior biopsy of the tumor and background liver for IHC stain to identify the resources of GP73, especially after



MWA. It might be inflammatory cells are the resources of GP73, since MWA can induce local inflammation. The authors need to clarify this. Otherwise the mechanism of increasing GP73 post MWA is still unclear and it is hard to use it as a marker as the authors suggested. 4. Inflammatory response may not always be a bad thing. In the situation of MWA, the inflammation might be good to clean the dead tumor cells. Have the authors correlated the initial level of GP73 post MWA with AFP levels, recurrence and survival?



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Reviewer's code: 05224683 Position: Peer Reviewer Academic degree: DSc, MSc

Professional title: Postdoc, Postdoctoral Fellow, Research Scientist, Senior Scientist

Reviewer's Country/Territory: Bangladesh

Author's Country/Territory: China

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Reviewer performed review: 2022-04-02 14:56

Review time: 3 Days and 6 Hours

Scientific quality	[] Grade A: Excellent [] Grade B: Very good [Y] Grade C: Good [] Grade D: Fair [] Grade E: Do not publish
Language quality	[] Grade A: Priority publishing [Y] Grade B: Minor language polishing [] Grade C: A great deal of language polishing [] Grade D: Rejection
Conclusion	[] Accept (High priority) [Y] Accept (General priority) [] Minor revision [] Major revision [] Rejection
Re-review	[]Yes [Y]No



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Peer-Review: [Y] Anonymous [] Onymous Peer-reviewer statements Conflicts-of-Interest: [] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

This is a important manuscript regarding liver cancer.



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Peer-review model: Single blind

Reviewer's code: 05251368 Position: Peer Reviewer

Academic degree: DNB, FACS, MBBS, MD

Professional title: Assistant Professor

Reviewer's Country/Territory: United States

Author's Country/Territory: China

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Review time: 9 Days and 13 Hours

Scientific quality	[] Grade A: Excellent [] Grade B: Very good [Y] Grade C: Good [] Grade D: Fair [] Grade E: Do not publish
Language quality	[] Grade A: Priority publishing [Y] Grade B: Minor language polishing [] Grade C: A great deal of language polishing [] Grade D: Rejection
Conclusion	[] Accept (High priority) [Y] Accept (General priority) [] Minor revision [] Major revision [] Rejection
Re-review	[Y]Yes []No



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Peer-reviewer

Peer-Review: [Y] Anonymous [] Onymous

statements

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

SPECIFIC COMMENTS TO AUTHORS

Nice and useful study. Do the authors have any experience with gp73 during RFA and other ablational modalities?