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PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Cases

Manuscript NO: 67568

Title: Nomogram based on inflammation-related markers for predicting the survival of patients undergoing hepatectomy for hepatocellular carcinoma

Reviewer's code: 01557283
Position: Editorial Board
Academic degree: MD, PhD
Professional title: Associate Professor, Surgeon
Reviewer's Country/Territory: Japan
Author's Country/Territory: China

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Reviewer accepted review: 2021-05-21 07:39
Reviewer performed review: 2021-05-28 09:39
Review time: 7 Days and 1 Hour

Scientific quality	[ ] Grade A: Excellent [ ] Grade B: Very good [Y] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish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) [Y] Minor revision [ ] Major revision [ ] Rejection
Re-review	[Y] Yes [ ] No
Peer-reviewer statements	Peer-Review: [Y] Anonymous [ ] Onymous Conflicts-of-Interest: [ ] Yes [Y] No

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SPECIFIC COMMENTS TO AUTHORS

Summary of the manuscript. Several recent studies have identified some serum inflammatory factors associated with post-treatment prognosis of HCC, including platelet-to-lymphocyte ratio (PLR) (Tian et al., 2016; Huang et al., 2017; Yang et al., 2017), neutrophil-to-lymphocyte ratio (NLR) (Goh et al., 2016; Jin et al., 2017; Urabe et al., 2017), and prognostic nutritional index (PNI) (Chan et al., 2015; Wu et al., 2016). The present study showed that inflammatory indicators, i.e., neutrophil-to-lymphocyte ratio (NLR) and platelet-to-lymphocyte ratio (PLR), were important prognostic indicators in addition to tumor factors (e.g., tumor size, pathological differentiation grade, and alpha fetoprotein) in patients with hepatocellular carcinoma in the training cohort and the validation cohort. The present results clearly showed the importance of these inflammatory factors of prognosticator. However, some points may be further examined in the present study. Major comments. 1. The Table 1 contained some N1 patients (p-stage IVA). Were these patients appropriate into R0 resection? 2. The Table 1 and Table 2 did not include microscopic or radiological vascular invasion, number of tumor (solitary or multiple), tumor size 2 cm or less (T1a tumor), hepatitis C infection, steatohepatitis, or value of protein induced by vitamin K absence or antagonist II (PIVKA II, or des-gamma-carboxy prothrombin (DCP)). These markers may be further examined in the present patients with HCC if possible. 3. Can the authors examine recurrence-free survival analysis? 4. Did the AFP value return to normal in the present patients? How about postoperative AFP value? 5. The AUCs of the TNM were shown in the Figure 4. However, why was the TNM stage included in the Table 2? Minor comments. 1. Abstract. The abbreviations, OS and AFP should be fully spelled when first appeared.