

PEER-REVIEW REPORT

Name of journal: *World Journal of Clinical Cases*

Manuscript NO: 77520

Title: Liver Transplantation For Hepatocellular Carcinoma: Historical Evolution of Transplantation Criteria

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 02936034

Position: Editorial Board

Academic degree: MD, PhD

Professional title: Chief Doctor, Professor

Reviewer's Country/Territory: China

Author's Country/Territory: Turkey

Manuscript submission date: 2022-05-05

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-05-05 02:56

Reviewer performed review: 2022-05-12 08:14

Review time: 7 Days and 5 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 Grade E: Do not publish
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 checked="" type="checkbox"/> Accept (General priority) <input 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="radio"/>] Anonymous [<input type="radio"/>] Onymous Conflicts-of-Interest: [<input type="radio"/>] Yes [<input checked="" type="radio"/>] No
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SPECIFIC COMMENTS TO AUTHORS

Liver translation is an important treatment for the patients with HCC. However, which patients should receive liver translation is still controversial. This manuscript summarizes the development of criteria of liver translation for hepatocellular carcinoma (HCC) and down-staging procedures for patients beyond Milan criteria or other criteria. In general, it is a good review, but the topic of this manuscript is not novel. Too many articles are published to discuss this topic. The authors introduce their own criteria--Malatya and expanded Malatya criteria, which is the fancy part of this paper. In general, it is a good and comprehensive paper.

1. The history of selection criteria can be tighter, and the introduction of Malatya criteria can be more detailed.
2. In your manuscript, there still exist some mistakes need check and correct . In Page 4 line 14, "Therefore, using a valuable resource for patients with malignancy should be In general, LT for any disease is considered acceptable if 5-years survival rate is $\geq 50\%$ " In page 12 line 26, "the results of LDLT for HCC were comparable to that of DDLT in terms of recurrence rates and disease-free survivals"

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Reviewer's code: 05914859

Position: Peer Reviewer

Academic degree: MD, PhD

Professional title: Lecturer

Reviewer's Country/Territory: Romania

Author's Country/Territory: Turkey

Manuscript submission date: 2022-05-05

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Reviewer accepted review: 2022-06-04 09:01

Reviewer performed review: 2022-06-14 19:08

Review time: 10 Days and 10 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
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
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Re-review	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No



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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
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SPECIFIC COMMENTS TO AUTHORS

The paper present an exhaustive review of the scoring systems for liver transplantation, therefore maybe you should stick just on this and propose another paper that deals the bridging procedures and the future directions.

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Peer-review model: Single blind

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Position: Peer Reviewer

Academic degree: MD

Professional title: Academic Fellow, Surgeon

Reviewer's Country/Territory: Italy

Author's Country/Territory: Turkey

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Reviewer performed review: 2022-06-15 09:03

Review time: 8 Days and 21 Hours

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input checked="" type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
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
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Re-review	<input type="checkbox"/> Yes <input checked="" 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
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SPECIFIC COMMENTS TO AUTHORS

I read with great interest this review about the historical evolution of liver transplantation criteria. Despite the big effort, I found it not coherent with its aims. It doesn't add any knowledge to the readers, neither is able to summarize the argument. In particular, when dealing with current limitations and future perspectives, the authors talk about the medical therapy of HCC, while not focusing on the main aim of selection criteria: give benefit to the "right" patients, trying to overcome the constant organ shortage. The authors should focus on actual drawbacks of the many existing criteria, and on the possible ways to overcome them. According to ILTS ideal criteria should deal with tumor biology , organ availability in the geographical area, probability of waitlist and post-LT survival (i.e., transplant benefit), and waitlist composition. The paragraph about downstaging is too long and doesn't deal with the selection criteria, it should be treated just with few sentences within the text.