

PEER-REVIEW REPORT

Name of journal: *World Journal of Clinical Cases*

Manuscript NO: 83529

Title: Hypothetical hypoxia-driven rapid disease progression in hepatocellular carcinoma post transarterial chemoembolization: A case report

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 06312955

Position: Peer Reviewer

Academic degree: PhD

Professional title: Research Assistant Professor

Reviewer's Country/Territory: South Korea

Author's Country/Territory: Taiwan

Manuscript submission date: 2023-02-18

Reviewer chosen by: Geng-Long Liu

Reviewer accepted review: 2023-05-02 11:55

Reviewer performed review: 2023-05-03 07:57

Review time: 20 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 Grade E: Do not publish
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 type="checkbox"/> Grade B: Good <input checked="" type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No creativity or innovation

Scientific significance of the conclusion in this manuscript	[Y] Grade A: Excellent [] Grade B: Good [] Grade C: Fair [] Grade D: No scientific significance
Language quality	[Y] Grade A: Priority publishing [] 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

SPECIFIC COMMENTS TO AUTHORS

The authors have presented a case report of a 61-year-old woman who was diagnosed with chronic hepatitis B infection and hepatocellular carcinoma (HCC), and underwent transarterial chemoembolization (TACE) treatment. However, after the third cycle of TACE treatment, tumor growth was found to have worsened. The authors suggest that hypoxia induced by TACE may be a possible reason for the rapid progression of HCC. This case report serves as a valuable reminder to consider alternative treatment options for patients with a large tumor burden or infiltrative tumor pattern. The authors have done an excellent job of precisely presenting a case report of resistance to TACE treatment and the potential negative role of TACE in exacerbating tumor burden. However, to benefit the general audience, the authors could provide a more detailed explanation of the possible correlation between TACE-induced hypoxia and disease progression in the discussion section. Although it is well-known that TACE treatment induces hypoxia and regulates hypoxia-inducible factors (HIF), explaining this correlation would help to clarify the potential mechanism underlying the observed tumor progression. It would also be helpful if the authors could provide information

on whether they measured any hypoxia markers before and after TACE treatment, or in different quartiles of disease progression. By doing so, the authors could demonstrate the correlation between disease progression (e.g., tumor volume) and the level of hypoxia marker (e.g., HIF gene expression) to further support their hypothesis. Overall, these suggestions would enhance the already well-structured and well-written case report, making it more accessible and informative to a wider audience.

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Peer-review model: Single blind

Reviewer's code: 05251368

Position: Peer Reviewer

Academic degree: DNB, FACS, MBBS, MD

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Reviewer's Country/Territory: United States

Author's Country/Territory: Taiwan

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Review time: 16 Days and 9 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
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



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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

SPECIFIC COMMENTS TO AUTHORS

Is there a subset of tumors that the authors noticed that has a tendency to progress with hypoxia after TACE?. It would be useful to highlight the fact given the well established efficacy of TACE in treating HCC.