

PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Cases

Manuscript NO: 55463

Title: Lenvatinib for large hepatocellular carcinomas with portal trunk invasion: Two case reports

Reviewer's code: 05038583

Position: Peer Reviewer

Academic degree: MD

Professional title: Doctor

Reviewer's Country/Territory: United States

Author's Country/Territory: Japan

Manuscript submission date: 2020-03-19

Reviewer chosen by: AI Technique

Reviewer accepted review: 2020-03-19 18:04

Reviewer performed review: 2020-03-19 19:12

Review time: 1 Hour

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 Grade E: Do not publish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
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 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



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SPECIFIC COMMENTS TO AUTHORS

General comments These are interesting cases who received lenvatinib for unresectable HCC with main portal vein invasion which was excluded from the REFLECT trial. These cases highlight the promising results of lenvatinib therapy although current NCCN guideline states both sorafenib or lenvatinib can be considered for the first line therapy. I placed specific comments as below.

Specific comments

Abstract and core tip Well written with concise summary of the case and highlight the importance. It may help to list the disease etiologies of chronic liver disease contributing to HCC development.

Introduction The first paragraph, last sentence. In addition to the stated reason, the REFLECT trial included patients who received locoregional therapy and had progression despite the therapy. The second paragraph, it is reasonable to cite AASLD guideline, but NCCN guideline has more updated information as current version was updated in 2019. “However, the safety of lenvatinib in advanced BCLC stage C HCC patients with portal vein invasion remains unclear” – BCLC stage C has portal invasion and inclusion criteria for REFLECT trial include BCLC C. Exclusion criteria was “main” portal vein invasion. Clarification should be provided.

Case presentation I am not sure if the journal let you change, but it will be much easier to follow, if you separate case 1 and 2 and do subcategories by each case. Example Case 1: CC, HPI..., then Case 2: CC, HPI... HPI: case 1: what kind of hepatitis? Case2: I am not sure if vaccination history is important at this point. Also, HPI seems to be really short as only one sentence for each case. Physical exam “no yellow staining of the skin or sclera in either patient” Jaundice and icterus would be better phrase to use. Authors stated the importance of ECOG-PS, so I am not sure adding Karnofsky Performance Scale is appropriate. Authors mentioned a lot about ALBI, however this study showed PALBI is superior to assess liver dysfunction. (<https://pubmed.ncbi.nlm.nih.gov/27696519/>)

Treatment I am not



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sure if you have to repeat that informed consent for treatment was obtained multiple times as this is usually the standard of care before systemic therapy. Discussion There are many redundant information which was stated in the introduction. I would suggest avoiding stating same sentences or at least minimize redundancy. Conclusion If this is a case report, how can we say it was effective as there was no comparison? Effective in what ways?

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Name of journal: World Journal of Clinical Cases

Manuscript NO: 55463

Title: Lenvatinib for large hepatocellular carcinomas with portal trunk invasion: Two case reports

Reviewer's code: 02439165

Position: Peer Reviewer

Academic degree: PhD

Professional title: Professor

Reviewer's Country/Territory: China

Author's Country/Territory: Japan

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Reviewer chosen by: AI Technique

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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
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Re-review	<input 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

The introduction should be clarified with less words. The history, physical exam, investigations in Case one and Case two were described separately may be better.

PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Cases

Manuscript NO: 55463

Title: Lenvatinib for large hepatocellular carcinomas with portal trunk invasion: Two case reports

Reviewer's code: 05265621

Position: Peer Reviewer

Academic degree: PhD

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Reviewer's Country/Territory: United States

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Reviewer chosen by: Jin-Zhou Tang (Quit in 2020)

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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
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SPECIFIC COMMENTS TO AUTHORS

This is a very interesting article which provided experience that clinicians commonly see in the practice without clear evidence-hepatocellular carcinoma patient with portal vein tumor thrombus. These patients are usually excluded from the clinical studies. The authors showed convincing data that the two patients with quite extensive large vein tumor thrombi responded to first line Lenvatinib. Interestingly, both patients still had well preserved liver function and both are child-Pugh class A although they had extensive tumor burden.