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PEER-REVIEW REPORT

Name of journal: World Journal of Meta-Analysis

Manuscript NO: 80996

Title: Treatment of Recurrent Hepatocellular Carcinoma Following Liver Resection,

Ablation or Liver Transplantation

Provenance and peer review: Invited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 02731847 Position: Editorial Board Academic degree: MD, MSc

Professional title: Associate Professor, Staff Physician

Reviewer's Country/Territory: Brazil

Author's Country/Territory: United States

Manuscript submission date: 2022-10-20

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-10-20 20:17

Reviewer performed review: 2022-10-24 00:29

Review time: 3 Days and 4 Hours

Scientific quality	[] Grade A: Excellent [] Grade B: Very good [] Grade C: Good [Y] Grade D: Fair [] Grade E: Do not publish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	[]Yes [Y]No



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

SPECIFIC COMMENTS TO AUTHORS

This is a good review. It just does not meet the standards of WJG. I would suggest a systematic review on the subject.



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Reviewer's code: 06272301 Position: Peer Reviewer Academic degree: PhD

Professional title: Associate Professor

Reviewer's Country/Territory: China

Author's Country/Territory: United States

Manuscript submission date: 2022-10-20

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-10-21 01:58

Reviewer performed review: 2022-10-31 05:41

Review time: 10 Days and 3 Hours

Scientific quality	[] Grade A: Excellent [] Grade B: Very good [] Grade C: Good [Y] Grade D: Fair [] Grade E: Do not publish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	Peer-Review: [Y] Anonymous [] Onymous
statements	Conflicts-of-Interest: [] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

This review focuses on the treatment of recurrent HCC with a very clear and logical framework. However, it is clear that the author has not yet finished writing this article, and there is still much to add and revise: 1. As far as I know, this review is not a mini-review, so the length of this article is obviously not enough. In addition, the number of references cited by the author is also obviously insufficient to prove the views in the article. The authors should do further literature reading to enrich and supplement the content of the article. 2. The full text format is not uniform, for example, some places after the subtitle line break and some places do not. It is recommended that the author carefully check and ensure the same format to avoid readers' confusion. In addition, please ensure that there are no traces of comments in the article. 3. It is mentioned in the abstract that there are few treatment methods for HCC recurrence after liver transplantation, and appropriate examples can be given. The last part of the abstract should be a brief overview of the writing purpose and main content of the article. 4. The introduction should be supplemented with epidemiological investigations on HCC recurrence. The authors should briefly describe the available treatments for HCC recurrence in different conditions as an outline below. In addition, authors should specify the difference between primary treatment and recurrent treatment of HCC to avoid misunderstanding. 5. The article mentions many times that there is no or insufficient evidence to prove that a treatment is effective, which makes the content of the article unconvincing. 6. There is no conclusion part in this article, and the author does not discuss the development prospects and obstacles of HCC recurrence treatment, which makes the article incomplete and lacks the author's own thinking. 7. The



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therapeutic methods listed in this article are not innovative, and the authors should supplement the existing cutting-edge research results on the treatment of HCC after recurrence. 8. I don't see any figure or table in this article, which is not conducive to readers' intuitive understanding of the content of the article. I hope the author can supplement it.