



PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

Manuscript NO: 49414

Title: Current status of associating liver partition with portal vein ligation for staged hepatectomy - comparison with two-stage hepatectomy and strategies for better outcomes

Reviewer’s code: 03765071

Reviewer’s country: Japan

Science editor: Ruo-Yu Ma

Reviewer accepted review: 2019-05-27 10:51

Reviewer performed review: 2019-06-04 13:36

Review time: 8 Days and 2 Hours

SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION	PEER-REVIEWER STATEMENTS
<input type="checkbox"/> Grade A: Excellent	<input checked="" type="checkbox"/> Grade A: Priority publishing	<input type="checkbox"/> Accept	Peer-Review:
<input checked="" type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language polishing	(High priority)	<input checked="" type="checkbox"/> Anonymous
<input type="checkbox"/> Grade C: Good		<input type="checkbox"/> Accept	<input type="checkbox"/> Onymous
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of language polishing	(General priority)	Peer-reviewer’s expertise on the topic of the manuscript:
<input type="checkbox"/> Grade E: Do not publish	<input type="checkbox"/> Grade D: Rejection	<input checked="" type="checkbox"/> Minor revision	<input checked="" type="checkbox"/> Advanced
		<input type="checkbox"/> Major revision	<input type="checkbox"/> General
		<input type="checkbox"/> Rejection	<input type="checkbox"/> No expertise
			Conflicts-of-Interest:
			<input type="checkbox"/> Yes
			<input checked="" type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS

In the present study, Au et al. reviewed the clinical outcomes of a novel surgical technique called “associating liver partition and portal vein ligation for staged



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hepatectomy (ALPPS)". They investigated the factors predicting mortality and morbidity after ALPPS, and identified several factors including patient age, cholangiocarcinoma, presence of chronic liver disease, and abnormal laboratory data after the first procedure. They also emphasized the importance of assessment of liver function after the first procedure as well as the modification of ALPPS procedure to improve safety. The authors focused on the safety of the procedure and risk factors associated with mortality/morbidity after the first and second procedures. It is a very important of view assessing the benefit of ALPPS. 1. In cases with colorectal liver metastases, is neoadjuvant chemotherapy dispensable before ALPPS? As the waiting period is very short between the two procedures of ALPPS and the dropout rate is low, up-front surgery is sufficient to bring out the full potential of ALPPS, isn't it? If neoadjuvant chemotherapy is applied, how long is the required interval between the last chemotherapy and ALPPS? 2. In turn, who are the best candidates for two-staged hepatectomy (TSH)? 3. The context of the Conclusion section is too long and nearly the same with the Abstract. It should be shorter and simpler.

INITIAL REVIEW OF THE MANUSCRIPT

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[] Plagiarism

[Y] No



PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

Manuscript NO: 49414

Title: Current status of associating liver partition with portal vein ligation for staged hepatectomy - comparison with two-stage hepatectomy and strategies for better outcomes

Reviewer's code: 02941401

Reviewer's country: Italy

Science editor: Ruo-Yu Ma

Reviewer accepted review: 2019-05-27 08:42

Reviewer performed review: 2019-06-20 16:54

Review time: 24 Days and 8 Hours

SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION	PEER-REVIEWER STATEMENTS
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	<input type="checkbox"/> Accept	Peer-Review:
<input type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language	(High priority)	<input checked="" type="checkbox"/> Anonymous
<input checked="" type="checkbox"/> Grade C: Good	polishing	<input type="checkbox"/> Accept	<input type="checkbox"/> Onymous
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of	(General priority)	Peer-reviewer's expertise on the
<input type="checkbox"/> Grade E: Do not	language polishing	<input type="checkbox"/> Minor revision	topic of the manuscript:
publish	<input type="checkbox"/> Grade D: Rejection	<input checked="" type="checkbox"/> Major revision	<input checked="" type="checkbox"/> Advanced
		<input type="checkbox"/> Rejection	<input type="checkbox"/> General
			<input type="checkbox"/> No expertise
			Conflicts-of-Interest:
			<input type="checkbox"/> Yes
			<input checked="" type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS

The paper is an overview of the ALPPS, mixing technical aspects, history ad evolution of ALPPS, discussing indications, and resuming technical aspects and controversial aspects



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regarding liver hypertrophy, liver function determination ...etc.etc...No new ideas are present. The title is not adequate to the Paper because it is just a compare between ALPPS and TSH in several aspects (in the second part of the Paper). The Authors in my opinion should decide if this should be an overview about a "Better ALPPS" as stated in the title (the focus the paper just on methods to better the results like :refining indications, patients selection criteria, technical modification for a less risky ALPPS and others..) or again be a compare between ALPPS and TSH as stated in the Aim of the paper (developing and extending just the second part of the paper eliminating the first)! Writing about CRLM and results of ALPPS i would cite the milestone paper of Oldhafer et al. World Journal of Surgery 2014 about tumor recurrence. The tables are too much full of data and informations (less data and more schematic tables would help the readability of the paper. The paper need to be revised and better focused in one direction or in the other one. Reference list is ok, is enough for such a review and out of the above mentioned paper all the most important Paper on topic are cited. The paper need major revision in my opinion.

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[] Plagiarism

[Y] No