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PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

Manuscript NO: 66706

Title: Predicting survival of patients with hepatocellular carcinoma and cholangiocarcinoma: a comprehensive radiomics nomogram based on computed tomography and clinical factors

Reviewer's code: 05560822

Position: Editorial Board

Academic degree: MD

Professional title: Professor

Reviewer's Country/Territory: Egypt

Author's Country/Territory: China

Manuscript submission date: 2021-04-02

Reviewer chosen by: Ya-Juan Ma

Reviewer accepted review: 2021-06-07 11:25

Reviewer performed review: 2021-06-10 00:39

Review time: 2 Days and 13 Hours

Scientific quality	[] Grade A: Excellent [Y] Grade B: Very good [] Grade C: Good [] Grade D: Fair [] Grade E: Do not publish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) [Y] Accept (General priority) [] Minor revision [] Major revision [] Rejection
Re-review	[]Yes [Y]No
Peer-reviewer	Peer-Review: [Y] Anonymous [] Onymous



Baishideng **Publishing**

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Conflicts-of-Interest: [] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

The authors established an integrative nomogram based on radiomics features and clinical variables to predict survival of cHCC-CCA patients after potentially curative resection with good predictive potential that may help guide treatment decisions. The idea is excellent, the aim is clear, and the work is sufficient to achieve the goal with clear representative tables and figures. Only two minor comments are shown in the uploaded manuscript.



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PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

Manuscript NO: 66706

Title: Predicting survival of patients with hepatocellular carcinoma and cholangiocarcinoma: a comprehensive radiomics nomogram based on computed tomography and clinical factors

Reviewer's code: 05088021

Position: Editorial Board

Academic degree: PhD

Professional title: Assistant Professor

Reviewer's Country/Territory: United States

Author's Country/Territory: China

Manuscript submission date: 2021-04-02

Reviewer chosen by: Ya-Juan Ma

Reviewer accepted review: 2021-06-02 11:50

Reviewer performed review: 2021-06-10 19:36

Review time: 8 Days and 7 Hours

Scientific quality	[] Grade A: Excellent [] Grade B: Very good [Y] Grade C: Good [] 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) [Y] Minor revision [] Major revision [] Rejection
Re-review	[Y]Yes []No
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Conflicts-of-Interest: [] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

The authors developed a nomogram for predicting survival of patients with hepatocellular carcinoma and cholangiocarcinoma after tumor resection surgery. The nomogram was developed based on CT scan features and clinical variables. They report that the nomogram is able to predict 1-year overall survival for hepatocellular carcinoma and cholangiocarcinoma with AUC of 0.878 in the training set and 0.937 in the validation set. AUC for 3-year overall survival was 0.875 in the training set and 0.866 in the validation set. They conclude that the nomogram (radiomics score) is strongly associated with postoperative prognosis of hepatocellular carcinoma and cholangiocarcinoma. Below are comments for improvement. 1. It is unclear whether the authors examined mixed hepatocellular carcinoma and cholangiocarcinoma, or whether they combined the two cancers into one group for analysis. Please clarify. 2. As part of the analyses, the authors calculated hazard ratios and confidence intervals using Cox proportional hazard models but did not provide evidence that the proportional hazards assumption was tested and satisfied before using this model for analysis. 3. Authors should provide a mathematical formula for how they calculated the radiomics score for clarity and to facilitate replication by others. 4. Please provide the AUC values in the abstract instead of the hazard ratio, which is not the primary predictive measure used in the study.