

PEER-REVIEW REPORT

Name of journal: *World Journal of Gastroenterology*

Manuscript NO: 81068

Title: Efficacy of dexamethasone and N-acetylcysteine combination in preventing post-embolization syndrome after transarterial chemoembolization in hepatocellular carcinoma

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 02860506

Position: Peer Reviewer

Academic degree: MD, PhD

Professional title: Chief Doctor, Professor, Surgeon

Reviewer's Country/Territory: China

Author's Country/Territory: Thailand

Manuscript submission date: 2022-10-24

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-10-24 11:42

Reviewer performed review: 2022-11-01 04:48

Review time: 7 Days and 17 Hours

Scientific quality	☐ Grade A: Excellent ☒ Grade B: Very good ☐ Grade C: Good ☐ Grade D: Fair ☐ Grade E: Do not publish
Language quality	☐ 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) ☒ Minor revision ☐ Major revision ☐ Rejection



**Baishideng
Publishing
Group**

7041 Koll Center Parkway, Suite
160, Pleasanton, CA 94566, USA
Telephone: +1-925-399-1568
E-mail: bpgoffice@wjgnet.com
<https://www.wjgnet.com>

Re-review	[☒] Yes [☐] No
Peer-reviewer statements	Peer-Review: [☒] Anonymous [☐] Onymous Conflicts-of-Interest: [☐] Yes [☒] No

SPECIFIC COMMENTS TO AUTHORS

To prevent patients from Post-embolization Syndrome after TACE, authors put forward the combination of dexamethasone and NAC based on previous researches. Both efficiency and biosafety of the drug combination was assessed. Overall, this research was interesting and provided a new drug combination for preventing PES. However, before acceptance, there remain some comments taken for consideration: 1. Have patients enrolled accepted other therapeutics, including sorafenib, immunotherapy, RFA and others? 2. All the abbreviation should be defined when first appeared, such as DNSS. 3. In discussion, authors are supposed to discuss the reason to choose dexamethasone and NAC as the combination for preventing PES. Other studies about applications of the combination of dexamethasone and NAC might offer a new insight. 4. Please check the word spelling and the grammar, such as 1 episodes in 24 h.

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Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 03830061

Position: Editorial Board

Academic degree: MD, PhD

Professional title: Associate Professor

Reviewer's Country/Territory: Greece

Author's Country/Territory: Thailand

Manuscript submission date: 2022-10-24

Reviewer chosen by: Dong-Mei Wang

Reviewer accepted review: 2022-11-30 12:31

Reviewer performed review: 2022-12-01 11:49

Review time: 23 Hours

Scientific quality	☒ Grade A: Excellent ☐ Grade B: Very good ☐ Grade C: Good ☐ Grade D: Fair ☐ Grade E: Do not publish
Language quality	☒ 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) ☒ Minor revision ☐ Major revision ☐ Rejection

Re-review	☐ Yes ☒ No
Peer-reviewer statements	Peer-Review: ☒ Anonymous ☐ Onymous
	Conflicts-of-Interest: ☐ Yes ☒ No

SPECIFIC COMMENTS TO AUTHORS

This is a single-centre randomized, double blind, placebo-controlled trial evaluating the efficacy of dexamethasone and N-acetylcysteine (NAC+DEXA group; 50 patients) combination versus placebo (50 patients), in preventing post-embolization syndrome and liver decompensation after conventional TACE in patients with early or intermediate stage HCC. General comments The manuscript is well-written and interesting. The main advantage is the randomized, double-blind, methodology. The number of patients included was not large but was calculated based on appropriate power analysis. Statistics are correct. I congratulate the authors for their work. The main disadvantage of this study is that the proposed NAC+DEXA treatment was not compared with another prophylactic protocol (per es dexamethasone alone). It is well known that TACE without PES prophylaxis results in significant PES rates. This should be included in the "limitations" paragraph. Specific comments Title: As lipiodol TACE was performed, please consider the term conventional TACE (cTACE) in the title and throughout the text. Abstract: Ok Introduction: Ok Methods: - Few clarifications are required regarding the treatment protocol. Dexamethasone per os? Please report when treatment was initiated. In figure 1 it seems that Dexa-NAC treatment was initiated 24h before the procedure. This means that patients were admitted in the hospital at least 24h before the procedure. This should be clear in the text too. Moreover, The authors should briefly report (with references) why the specific dosage protocol was chosen. Results: Discussion: - "... and tumor cell into the bloodstream." This reads as if TACE incites metastasis. References: Ok Tables: Ok Figures: Ok