

## PEER-REVIEW REPORT

**Name of journal:** *World Journal of Gastrointestinal Surgery*

**Manuscript NO:** 75503

**Title:** Sirolimus versus tacrolimus: which one is the best therapeutic option for patients undergoing liver transplantation for hepatocellular carcinoma?

**Provenance and peer review:** Invited Manuscript; Externally peer reviewed

**Peer-review model:** Single blind

**Reviewer's code:** 05446956

**Position:** Peer Reviewer

**Academic degree:** MD

**Professional title:** Professor

**Reviewer's Country/Territory:** Turkey

**Author's Country/Territory:** United States

**Manuscript submission date:** 2022-01-31

**Reviewer chosen by:** Dong-Mei Wang

**Reviewer accepted review:** 2022-05-05 06:09

**Reviewer performed review:** 2022-05-09 07:15

**Review time:** 4 Days and 1 Hour

<b>Scientific quality</b>	<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 Grade E: Do not publish
<b>Language quality</b>	<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
<b>Conclusion</b>	<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
<b>Re-review</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No



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<b>Peer-reviewer statements</b>	Peer-Review: [ <input checked="" type="radio"/> ] Anonymous [ <input type="radio"/> ] Onymous Conflicts-of-Interest: [ <input type="radio"/> ] Yes [ <input checked="" type="radio"/> ] No
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#### **SPECIFIC COMMENTS TO AUTHORS**

Authors summarized the recent literature published missing at Zhao Y et al's paper on survival benefit of sirolimus in patients with liver transplantation for HCC. I strongly suggest to add a summary table to this Letter to the Editor.

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**Reviewer's code:** 05231015

**Position:** Editorial Board

**Academic degree:** DNB, FRCPE, MBBS, MD, MNAMS

**Professional title:** Chairman, Professor

**Reviewer's Country/Territory:** India

**Author's Country/Territory:** United States

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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
Language quality	<input checked="" type="checkbox"/> Grade A: Priority publishing <input type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
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**Peer-reviewer  
statements**

Peer-Review: [☒] Anonymous [☐] Onymous

Conflicts-of-Interest: [☐] Yes [☒] No

## SPECIFIC COMMENTS TO AUTHORS

Any specific groups of patients      Change from tacrolimus to mTor      The authors Ahmad F et al have reviewed literature of Sirolimus versus tacrolimus: which one is the best therapeutic option for patients undergoing liver transplantation for hepatocellular carcinoma?      The letter to the editor is in response to an article by Zhao et al . Trends of rapamycin in survival benefits of liver transplantation for hepatocellular carcinoma. World J Gastrointest Surg 2021; 13: 953-966 who have detailed mechanistic advantages of mTOR inhibitors in HCC and suggested advantages of this treatment with immuno therapy to prevent recurrences.      mTOR inhibitors like Rapamycin and Everolimus have anti proliferative actions and have been shown to improve survival in liver transplantation in patients with hepatocellular carcinoma in some studies, though there are other studies with no advantages.      The authors have reviewed the current literature extensively however in the conclusion leave the readers with something wanting more than a simple conclusion that more studies are needed to understand safety profile of mTOR inhibitors in comparison to tacrolimus. It might help the readers more if they could comment if there is evidence that some specific subgroup of patients will be better of on mTOR inhibitors than tacrolimus amongst the whole group – e.g. patients with or without acute kidney injury or renal dysfunction as tacrolimus is potentially nephrotoxic, however mTOR inhibitors might delay recovery of renal tubular necrosis. It may be that this group of patients need to be included in the future studies of liver transplants for patients with hepato cellular carcinoma.      Overall the review is good and provides a balanced evaluation of current literature.