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PEER-REVIEW REPORT

Name of journal: *World Journal of Gastrointestinal Surgery*

Manuscript NO: 87825

Title: Systematic sequential therapy for ex vivo liver resection and autotransplantation: A case report and review of the literature

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 05455405
Position: Peer Reviewer
Academic degree: MD, PhD
Professional title: Associate Professor, Surgeon, Surgical Oncologist
Reviewer's Country/Territory: Russia
Author's Country/Territory: China

Manuscript submission date: 2023-08-29
Reviewer chosen by: Yu-Lu Chen
Reviewer accepted review: 2023-09-19 08:30
Reviewer performed review: 2023-09-19 12:23
Review time: 3 Hours

Scientific quality	[Y] Grade A: Excellent [ ] Grade B: Very good [ ] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish
Novelty of this manuscript	[Y] Grade A: Excellent [ ] Grade B: Good [ ] Grade C: Fair [ ] Grade D: No novelty
Creativity or innovation of this manuscript	[ ] Grade A: Excellent [Y] Grade B: Good [ ] Grade C: Fair [ ] Grade D: No creativity or innovation

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Scientific significance of the conclusion in this manuscript	[Y] Grade A: Excellent [ ] Grade B: Good [ ] Grade C: Fair [ ] Grade D: No scientific significance
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	[Y] Yes [ ] No
Peer-reviewer statements	Peer-Review: [ ] Anonymous [Y] Onymous
	Conflicts-of-Interest: [ ] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

Dear editors and authors, the manuscript "Title： Systematic sequential therapy for ex vivo liver resection and autotransplantation conversion therapy" makes a significant contribution to the development of approaches to the treatment of patients with late-stage cholengiocellular cancer. The algorithm proposed by the authors should find a response in the oncological community, with a view to subsequent implementation. The presentation of the text of the manuscript is of a high level, the description of the clinical case and the discussion fully complement each other. In two places of the Case presentation, the typo "inferior vein" is determined, correction to "vena cava inferior" is necessary. Figures with images of scans of instrumental diagnostics need to be improved, because the clarity decreases with magnification. I also recommend adding data from the following source to the introduction and conclusion section (Kovalenko YA, Zharikov YO, Konchina NA, Gurmikov BN, Marinova LA, Zhao AV. Perihilar cholangiocarcinoma: A different concept for radical resection. Surg Oncol. 2020 Jun;33:270-275. doi: 10.1016/j.suronc.2020.02.013. PMID: 32561092), which will strengthen the reviewed manuscript. Otherwise, the study was conducted successfully, a

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positive result was obtained, which was perfectly reflected in this article.

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Peer-review model: Single blind

Reviewer's code: 02543955
Position: Peer Reviewer
Academic degree: FACS, FEBS, MD
Professional title: Associate Professor, Senior Researcher, Surgical Oncologist
Reviewer's Country/Territory: Germany
Author's Country/Territory: China

Manuscript submission date: 2023-08-29

Reviewer chosen by: AI Technique

Reviewer accepted review: 2023-09-12 04:30

Reviewer performed review: 2023-09-20 15:51

Review time: 8 Days and 11 Hours

Scientific quality	[ ] Grade A: Excellent [ ] Grade B: Very good [Y] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish
Novelty of this manuscript	[ ] Grade A: Excellent [Y] Grade B: Good [ ] Grade C: Fair [ ] Grade D: No novelty
Creativity or innovation of this manuscript	[ ] Grade A: Excellent [Y] Grade B: Good [ ] Grade C: Fair [ ] Grade D: No creativity or innovation

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Scientific significance of the conclusion in this manuscript	[ ] Grade A: Excellent [ ] Grade B: Good [Y] Grade C: Fair [ ] Grade D: No scientific significance
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Conclusion	[ ] Accept (High priority) [ ] Accept (General priority) [ ] Minor revision [Y] Major revision [ ] Rejection
Re-review	[Y] Yes [ ] No
Peer-reviewer statements	Peer-Review: [Y] Anonymous [ ] Onymous
	Conflicts-of-Interest: [ ] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

The manuscript by Hu and coworkers shows an interesting case of a patient with perihilar cholangiocarcinoma who underwent a sequential therapy with systemic pretreatment, subsequent ex vivo liver resection and autotransplantation (ELRA) followed by adjuvant systemic therapy. In general, the manuscript is well written. However, some substantial questions should be addressed: Major points: 1. What part of the liver (segments, hemiliver, extended resection etc.) was removed by ex-situ resection? This is not mentioned throughout the manuscript. 2. The authors claim resection and reconstruction of the hepatic vein and V. cava. However, perihilar cholangiocarcinoma usually invades the portal vein and sometimes the hepatic artery due to the anatomic localization at the hilum. Was there a resection and reconstruction of either portal vein or hepatic artery performed? 3. In the "Case presentation section" resection and reconstruction of the hepatic vein is described. Which hepatic veins was reconstructed? The middle hepatic vein? What about the left and right hepatic veins? 4. Was there any involvement of the left or right hepatic vein (LHV, RHV)? This is not defined in the manuscript nor can be seen on the CT and MRI images (Fig. 1). If there

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was no involvement of either veins, a mesohepatectomy including segments I, IV, V and VIII or a central resection of Seg. IVb and V + I including the bile ducts (also called "Taj Mahal" resection) might be considered instead of a more complex ex-situ procedure and auto-transplantation. Similar, even if the V. cava is involved, replacement is usually possible without an ex-situ procedure when the insertions of the hepatic veins into the V. cava can be preserved and clamping below the hepatic veins is possible. 5. Was there any bypass used during the anhepatic phase? Any cooling or perfusion of the liver ex situ? 6. The authors state that the patients received tacrolimus in the postoperative course. What is the reason for that? Usually, no immunosuppression is needed after autotransplantation. Why should there be a rejection? Is there any data why this was administered? 7. Figure 3 (pictures from intraoperative situs) needs some lettering to define the relevant structures. Even for a surgeon who is familiar with these extended procedures, it's hardly impossible to define the structures on a plain picture. Minor points 1. To demonstrate the postoperative state, I recommend including a or a few pictures from CT or MRI scans from the follow-up.