

PEER-REVIEW REPORT

Name of journal: *World Journal of Gastrointestinal Surgery*

Manuscript NO: 84908

Title: Accurate resection of hilar cholangiocarcinoma using eOrganmap 3D reconstruction and full quantization technique

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 06540761

Position: Peer Reviewer

Academic degree: MD

Professional title: Assistant Professor, Research Assistant

Reviewer's Country/Territory: United Kingdom

Author's Country/Territory: China

Manuscript submission date: 2023-04-11

Reviewer chosen by: AI Technique

Reviewer accepted review: 2023-04-14 10:21

Reviewer performed review: 2023-04-21 08:34

Review time: 6 Days and 22 Hours

Scientific quality	☐ Grade A: Excellent ☒ Grade B: Very good ☐ Grade C: Good ☐ Grade D: Fair ☐ Grade E: Do not publish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

Scientific significance of the conclusion in this manuscript	☐ Grade A: Excellent ☒ Grade B: Good ☐ Grade C: Fair ☐ Grade D: No scientific significance
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

In this study, the authors analyzed the the clinical data of 73 patients with HCCA who underwent surgery. Preoperative evaluation of HCCA mainly relies on conventional computed tomography and magnetic resonance imaging. Surgeons need to build 2D images into 3D models in their mind based on clinical experience and anatomical knowledge. This method is subjective and will affect the formulation of plans. To establish a laparoscopic precise resection of HCCA based on preoperative eOrganmap 3D reconstruction and full quantification technology, authors compared the relevant indicators of the traditional group (2D imaging planning before surgery) and eOrganmap group (3D reconstruction and full quantification technology planning before surgery) of patients in this manuscript. Their results showed that EOrganmap 3D reconstruction and full quantification technology planning have obvious advantages in classification accuracy, blood loss, operating time, postoperative intestinal ventilation time, R0 resection rate, number of lymph nodes dissected, total complication rate, and liver function. It's a very interesting research which will provide a new method for precise treatment of HCCA. The article is well written and I have no further comments.

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Title: Accurate resection of hilar cholangiocarcinoma using eOrganmap 3D reconstruction and full quantization technique

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 06540810

Position: Peer Reviewer

Academic degree: MD, PhD

Professional title: Associate Specialist, Doctor, Research Associate

Reviewer's Country/Territory: Spain

Author's Country/Territory: China

Manuscript submission date: 2023-04-11

Reviewer chosen by: AI Technique

Reviewer accepted review: 2023-04-14 10:40

Reviewer performed review: 2023-04-24 07:11

Review time: 9 Days and 20 Hours

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

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	Conflicts-of-Interest: ☐ Yes ☒ No

SPECIFIC COMMENTS TO AUTHORS

In this retrospective study, 73 patients who underwent HCCA surgery were included to compare the relevant indicators of the two groups of patients and to further explore the difference between eOrganmap 3D reconstruction and full quantification technology and traditional 2D image planning treatment. The authors concluded that establishing precise laparoscopic resection of hilar cholangiocarcinoma based on preoperative eOrganmap 3D reconstruction and full quantification technology could make laparoscopic HCCA resection more accurate and safer. It is well designed and presented with optimal analysis, discussion, tabulation and graphic display of data. Thank you for giving opportunity to review this study. In my opinion, interchanging the horizontal and vertical titles may make the Table 3 and Table 6 more comprehensible for the readers.