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PEER-REVIEW REPORT

Name of journal: World Journal of Gastrointestinal Oncology

Manuscript NO: 66501

Title: The prospect of lenvatinib for unresectable hepatocellular carcinoma in the new

era of systemic chemotherapy

Reviewer's code: 05088021 Position: Editorial Board Academic degree: PhD

Professional title: Assistant Professor

Reviewer's Country/Territory: United States

Author's Country/Territory: Japan

Manuscript submission date: 2021-03-29

Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-04-23 13:15

Reviewer performed review: 2021-04-23 14:18

Review time: 1 Hour

Scientific quality	[] Grade A: Excellent [Y] Grade B: Very good [] Grade C: Good [] Grade D: Fair [] Grade E: Do not publish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	[Y] Yes [] No
Peer-reviewer statements	Peer-Review: [Y] Anonymous [] Onymous Conflicts-of-Interest: [] Yes [Y] No



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SPECIFIC COMMENTS TO AUTHORS

Summary: This a well-written review paper on the prospect of lenvatinib for treatment of unresectable hepatocellular carcinoma (HCC). The paper adds to the growing literature on potential use of lenvatinib for systemic treatment for patients with advanced HCC. I don't not have any major concerns, except a few minor comments listed below: Minor comments: • Instead of using abbreviations like "Sor" and "Len" why don't you use the more recognizable names, "sorafenib" and "lenvatinib" for easy comprehension of the text? • In general, there are way too many abbreviations in the text, which should be reduced to about 4-5 abbreviations, unless they are well-known like "OS" for overall survival, or they are gene names. • Based on these results, Sor, Len, and Atezo+Bev could be administered to patients with unresectable HCC as first-line systemic chemotherapy." Authors should please make it clear that this is not a consensus agreement, but rather their opinion. • Page 10, last paragraph, "The proof of concept," should be "The proof-of-concept" • Page 11, referencing issue "{Kudo, 2020 #8}" and Page 12 "{Kawamura, 2020 #10}"



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PEER-REVIEW REPORT

Name of journal: World Journal of Gastrointestinal Oncology

Manuscript NO: 66501

Title: The prospect of lenvatinib for unresectable hepatocellular carcinoma in the new

era of systemic chemotherapy

Reviewer's code: 04213406 Position: Editorial Board Academic degree: MD, MSc

Professional title: Assistant Professor, Lecturer

Reviewer's Country/Territory: Egypt
Author's Country/Territory: Japan

Manuscript submission date: 2021-03-29

Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-04-23 08:48

Reviewer performed review: 2021-04-30 09:10

Review time: 7 Days

Scientific quality	[] Grade A: Excellent [] Grade B: Very good [] Grade C: Good [Y] 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
Peer-reviewer	Peer-Review: [Y] Anonymous [] Onymous
statements	Conflicts-of-Interest: [] Yes [Y] No



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SPECIFIC COMMENTS TO AUTHORS

1- Please make the following statement in introduction section more easy to understand and digestible [Systemic chemotherapy is the only therapeutic option in patients with Child-Pugh grade A at Barcelona Clinic Liver Cancer (BCLC) stage C (advanced stage) and stage B (intermediate stage) in parallel with HCC unsuitable for locoregional therapy]. 2-Give more details [Therapeutic options for extrahepatic metastases and vascular invasion have been added] 3- I recommend rewrite the introduction section provided that it should reflect the problem of unrespectable HCC and available therapeutic options from past to present in simple and smooth methods. 4- 7 what mm or cm or inches or criteria[a large tumor mass such as beyond up-to-7]?! 5- Is the following statement true?[two or more consecutive progressions in the liver (tumor number increases before the previous TACE procedure] 6-{Kawamura, 2020 #10} page 12 ? please edit it