PEER-REVIEW REPORT

Name of journal: *World Journal of Gastrointestinal Oncology*

Manuscript NO: 78390

Title: Cuproptosis-related long non-coding RNAs model that effectively predicts prognosis in hepatocellular carcinoma

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 06277476

Position: Peer Reviewer

Academic degree: MD

Professional title: Doctor

Reviewer's Country/Territory: China

Author's Country/Territory: China

Manuscript submission date: 2022-06-24

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-06-27 01:22

Reviewer performed review: 2022-07-03 02:09

Review time: 6 Days

Scientific quality	[ ] Grade A: Excellent [ ] Grade B: Very good [Y] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish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) [ ] 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 researchers believe that The lncRNA signature, CupRLSig, is valuable in prognostic estimation in the setting of HCC. Importantly, CupRLSig likely also predicts the level of immune infiltration and potential efficacy of tumor immunotherapy, chemotherapy, and targeted therapy.The study does have some value as stated by the authors, and the figures and tables in the manuscript are of good quality. But I think the following questions still need to be addressed to highlight the clinical value of this study. 1. The Results section in the manuscript lacks an introduction to the basic characteristics of patients 2. Is the implementation of cuproptosis-related lncRNA signature feasible in clinical practice? 3. It is mentioned in the text that The low-risk group had more activated natural killer cells (NK cells, p = 0.032 by Wilcoxon rank sum test) and fewer regulatory T cells (Tregs, p = 0.021) infiltration than the high-risk group. Then Can the use of immune cells also predict patient prognosis? The use of monitoring immune cells to reflect the patient's condition and prognosis seems more in line with clinical applications. 4.The article discusses the immunotherapy of patients with different risk levels, so is it applicable to the early and late stages of patients with different risk levels? 5.The ethics number seems to be missing from the text.

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Reviewer's code: 05429043

Position: Editorial Board

Academic degree: PhD

Professional title: Assistant Professor

Reviewer's Country/Territory: India

Author's Country/Territory: China

Manuscript submission date: 2022-06-24

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-06-24 07:32

Reviewer performed review: 2022-07-04 07:10

Review time: 9 Days and 23 Hours

Scientific quality	[ ] Grade A: Excellent [ ] Grade B: Very good [Y] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish
Language quality	[Y] Grade A: Priority publishing [ ] Grade B: Minor language polishing [ ] Grade C: A great deal of language polishing [ ] Grade D: Rejection
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SPECIFIC COMMENTS TO AUTHORS

The article looks interesting, but I have a few concerns 1.   The rationale for choosing the topics should reflect in the introduction part 2. How do you construct the co-expression network of cuproptosis-related genes and lncRNAs ? need more clarity for general readers 3. How do you plan for cuproptosis-related lncRNA signature   analysis, taken help from Bio-statistician or any software statistical analysis? 4. The diagrams need clarity, 300dpi resolution is preferred

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statements	Conflicts-of-Interest: [ ] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

It has been modified accordingly and is acceptable.