

PEER-REVIEW REPORT

Name of journal: *World Journal of Gastrointestinal Oncology*

Manuscript NO: 79116

Title: Portal vein embolization failure: current strategies and future perspectives to improve liver hypertrophy before major oncological liver resection

Provenance and peer review: Invited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 00505502

Position: Peer Reviewer

Academic degree: MD, PhD

Professional title: Professor

Reviewer's Country/Territory: Japan

Author's Country/Territory: South Korea

Manuscript submission date: 2022-08-04

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-08-29 00:22

Reviewer performed review: 2022-09-06 02:14

Review time: 8 Days and 1 Hour

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 Grade E: Do not publish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
Conclusion	<input type="checkbox"/> Accept (High priority) <input checked="" type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
Re-review	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

This review showed strategies for PVE failure. This manuscript seems to be done properly, but I have major comments as follows.

- The authors described the technique and limitation in the “Portal vein embolization”. But I feel the paragraph is not enough structured. We recommend to provide the additional session about risk factors for PVE failure.
- We believe that S4 embolization should be considered only if the right trisectionectomy is planned. PVE is usually performed for right hepatectomy. So, in the figure 1, “segment 4 embolization” in case of risk factors for PVE failure may lead to misunderstanding. We recommend to change the figure or delete S4 embolization from the figure.
- There was no information about trans-splenic approach in the reference # 16.
- The round ligament approach is also one of new techniques. We recommend to describe this technique (ex, World J Surg. 2021 Sep;45(9):2878-2885.).
- The authors should describe about the primary disease in the data of ref. # 26.
- There was no abbreviation of HVE in the figure 1.

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Peer-review model: Single blind

Reviewer's code: 05394106

Position: Peer Reviewer

Academic degree: MD

Professional title: Doctor

Reviewer's Country/Territory: United States

Author's Country/Territory: South Korea

Manuscript submission date: 2022-08-04

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-09-07 00:52

Reviewer performed review: 2022-09-23 11:16

Review time: 16 Days and 10 Hours

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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Re-review	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No



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

This article is a review of techniques used to rescue patients after a failed portal vein embolization. Its utility is very specific and is meant for a target audience of specialist oncologists and hepatobiliary surgeons however it is a matter of utmost importance. While the article does not present any data of its own, it has summarized very clearly existing data on the use of various rescue techniques and some very recent innovations. The language and presentation is clear and without errors. For the above reasons I am happy to accept the article as is for publication

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Peer-review model: Single blind

Reviewer's code: 03316963

Position: Associate Editor

Academic degree: MD

Professional title: Chairman, Chief Doctor, Chief Physician, Professor

Reviewer's Country/Territory: China

Author's Country/Territory: South Korea

Manuscript submission date: 2022-08-04

Reviewer chosen by: Dong-Mei Wang

Reviewer accepted review: 2022-09-24 11:39

Reviewer performed review: 2022-09-26 01:36

Review time: 1 Day and 13 Hours

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
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SPECIFIC COMMENTS TO AUTHORS

PVE is an important interventional procedure to induce hypertrophy of the FRL. However, not all patients can get sufficient FRL growth. This review summarized the strategies and future perspectives on the management of PVE failure. This is very valuable in clinical practice.