

PEER-REVIEW REPORT

Name of journal: World Journal of Hepatology

Manuscript NO: 35828

Title: Women receive more inpatient resections and ablations for hepatocellular carcinoma than men

Reviewer's code: 00182703

Reviewer's country: Romania

Science editor: Jin-Xin Kong

Date sent for review: 2017-09-22

Date reviewed: 2017-09-30

Review time: 8 Days

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
<input checked="" type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input checked="" type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C: Good		<input type="checkbox"/> Duplicate publication	
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Plagiarism	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade E: Poor		<input checked="" type="checkbox"/> No	<input type="checkbox"/> Minor revision
	<input type="checkbox"/> Grade D: Rejected	BPG Search:	<input type="checkbox"/> Major revision
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

COMMENTS TO AUTHORS

This analysis is very interesting and useful for clinicians and researchers. The results were obtained by studying an extremely large cohort of hospitalized patients, that they are very important. The statistical analysis is correct, the results and discussions are appropriate. The references are classic and actual. I recommend this article for publication, after correcting some grammatical errors (eg hepatocellular carincoma, Screening for HCC is consists of...).

PEER-REVIEW REPORT

Name of journal: World Journal of Hepatology

Manuscript NO: 35828

Title: Women receive more inpatient resections and ablations for hepatocellular carcinoma than men

Reviewer's code: 00187828

Reviewer's country: Turkey

Science editor: Jin-Xin Kong

Date sent for review: 2017-09-22

Date reviewed: 2017-10-03

Review time: 11 Days

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C: Good	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Duplicate publication	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input type="checkbox"/> Plagiarism	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input type="checkbox"/> No	<input type="checkbox"/> Major revision
		BPG Search:	
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input type="checkbox"/> No	

COMMENTS TO AUTHORS

This is a well-documented and written manuscript with a comprehensive outcome. The disparity in transplantation in gender has been clarified.

PEER-REVIEW REPORT

Name of journal: World Journal of Hepatology

Manuscript NO: 35828

Title: Women receive more inpatient resections and ablations for hepatocellular carcinoma than men

Reviewer's code: 02526287

Reviewer's country: Italy

Science editor: Jin-Xin Kong

Date sent for review: 2017-09-22

Date reviewed: 2017-10-15

Review time: 23 Days

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C: Good	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Duplicate publication	<input type="checkbox"/> Rejection
<input checked="" type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input type="checkbox"/> Plagiarism	<input checked="" type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input checked="" type="checkbox"/> No	<input type="checkbox"/> Major revision
		BPG Search:	
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

COMMENTS TO AUTHORS

We read with interest the manuscript entitled. "Women Receive More Inpatient Resections and Ablations for Hepatocellular Carcinoma Than Men" by Lindsay Sobotka et al. It is a retrospective study carried out on nationwide registry (NIS) attempting to demonstrate a treatment disparity between men and women. The authors found a significant difference in the rate of resection and ablation in favour of women and concluded that this difference may have a "...profound effect on healthcare costs". However, data presented are not consistent with the conclusions of the study for several reasons the most important of which is that women have a less severe liver disease and, consequently, are more suitable for curative treatments. To overcome this confounding finding, a more appropriate statistical analysis is needed. A Propensity Score analysis would help to better understand this issue. Another point deserving attention is the



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definition and classification of liver decompensation. The classification employed in the study is not informative. Child-Pugh and MELD are the most used classifications for liver decompensation and are part of almost all treatment algorithms of International Guidelines for HCC management. Moreover, definition of BCLC early stage, as reported in the test, is not correct. Too many data concerning tumor stage are lacking making any conclusion inconsistent. These limits are inherent to studies based on data extracted from large nationwide registries using ICD-9 code 155.0, hence conclusions should be tempered.