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PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

Manuscript NO: 36495

Title: Early prediction of survival in hepatocellular carcinoma with transarterial chemoembolization plus sorafenib

Reviewer's code: 00724887

Reviewer's country: India

Science editor: Ze-Mao Gong

Date sent for review: 2017-10-29

Date reviewed: 2017-11-19

Review time: 20 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

Minor language polishing is required

PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

Manuscript NO: 36495

Title: Early prediction of survival in hepatocellular carcinoma with transarterial chemoembolization plus sorafenib

Reviewer's code: 02670181

Reviewer's country: Japan

Science editor: Ze-Mao Gong

Date sent for review: 2017-11-22

Date reviewed: 2017-11-27

Review time: 5 Days

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input checked="" 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 checked="" 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 checked="" type="checkbox"/> No	<input checked="" 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

Comments on "Early prediction of survival in hepatocellular carcinoma with transarterial chemoembolization plus sorafenib" manuscript number 36495
Conclusion: require major revision The authors demonstrated that prognosis of HCC patients who showed early disease-controll-response after TACE-S (TACE plus sorafenib) was better, especially in the case of non-PVTT or non-TACE history. This information is very important, since sorafenib is very expensive and many HCC patients give up sorafenib because of its adverse effect. Therefore, such selection is beneficial. However, I doubt that all HCC patients can be evaluated by mRECIST. Some kinds of HCC do not show hypervascularity. How did the authors evaluate TACE-S response in such cases? Also, why did the authors include HCC patients having extrahepatic metastases? I think that the authors should address the above-mentioned issue. If



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they can respond well, this paper will be suitable for publication in World Journal of Gastroenterology. Major points 1) The authors should describe the methods of tumor measurement in mRECIST. In original paper by Lencioni et al., they measure the well-enhanced tumor part after TACE. However, in this paper, there was no such description. 2) Why did the authors perform TACE for HCC patients with main PV PVTT? Basically, TACE in such case would cause hepatic infarction because of both artery/PV blood flow loss. Was PV flow patent in such case? The authors should describe the PVTT situation. 3) Why did the authors include HCC patients having extrahepatic metastases? What is the purpose of TACE in such cases? (maybe, the life-limiting factor would be the intrahepatic foci.) Also, in such cases, how did the authors evaluate response via mRECIST?