



**Baishideng
Publishing
Group**

7901 Stoneridge Drive, Suite 501,
Pleasanton, CA 94588, USA
Telephone: +1-925-223-8242
Fax: +1-925-223-8243
E-mail: bpgoffice@wjgnet.com
https:// www.wjgnet.com

PEER-REVIEW REPORT

Name of journal: World Journal of Hepatology

Manuscript NO: 39128

Title: The contemporary role of liver biopsy in Hepatocellular Carcinoma

Reviewer's code: 03269732

Reviewer's country: China

Science editor: Fang-Fang Ji

Date sent for review: 2018-04-04

Date reviewed: 2018-04-05

Review time: 23 Hours

SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION	PEER-REVIEWER STATEMENTS
<input type="checkbox"/> Grade A: Excellent	<input checked="" type="checkbox"/> Grade A: Priority publishing	<input type="checkbox"/> Accept	Peer-Review:
<input checked="" type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language	(High priority)	<input checked="" type="checkbox"/> Anonymous
<input type="checkbox"/> Grade C: Good	polishing	<input type="checkbox"/> Accept	<input type="checkbox"/> Onymous
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of	(General priority)	Peer-reviewer's expertise on the
<input type="checkbox"/> Grade E: Do not	language polishing	<input checked="" type="checkbox"/> Minor revision	topic of the manuscript:
publish	<input type="checkbox"/> Grade D: Rejection	<input type="checkbox"/> Major revision	<input type="checkbox"/> Advanced
		<input type="checkbox"/> Rejection	<input type="checkbox"/> General
			<input type="checkbox"/> No expertise
			Conflicts-of-Interest:
			<input type="checkbox"/> Yes
			<input type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS

This paper has made a systematic review on the liver biopsy's role in HCC. Although invasive, liver biopsy play keys roles in the diagnosis of HCC, personalized treatment decision made and prognosis judgement. Considering the advances in highthroughput molecular technologies, liver biopsy may be helpful to the new classification of HCC

with therapeutic and prognostic impact. Liquid biopsy was another endeavor direction, with invasive and repeatable merits. In brief, this paper has given some new sights and help for the clinical work. It deserved to be published. Minor revision 1. Some spelling mistakes have been found in this paper. Please revise them. 2. The format of Table 1 dose not accord with the general international standards of paper publication. Please revise it.

INITIAL REVIEW OF THE MANUSCRIPT

Google Search:

- ☐ The same title
- ☐ Duplicate publication
- ☐ Plagiarism
- ☐ No

BPG Search:

- ☐ The same title
- ☐ Duplicate publication
- ☐ Plagiarism
- ☐ No



**Baishideng
Publishing
Group**

7901 Stoneridge Drive, Suite 501,
Pleasanton, CA 94588, USA
Telephone: +1-925-223-8242
Fax: +1-925-223-8243
E-mail: bpgoffice@wjgnet.com
https:// www.wjgnet.com

PEER-REVIEW REPORT

Name of journal: World Journal of Hepatology

Manuscript NO: 39128

Title: The contemporary role of liver biopsy in Hepatocellular Carcinoma

Reviewer's code: 03475479

Reviewer's country: Japan

Science editor: Fang-Fang Ji

Date sent for review: 2018-04-04

Date reviewed: 2018-04-07

Review time: 3 Days

SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION	PEER-REVIEWER STATEMENTS
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	<input type="checkbox"/> Accept	Peer-Review:
<input type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language	(High priority)	<input checked="" type="checkbox"/> Anonymous
<input type="checkbox"/> Grade C: Good	polishing	<input type="checkbox"/> Accept	<input type="checkbox"/> Onymous
<input checked="" type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of	(General priority)	Peer-reviewer's expertise on the
<input type="checkbox"/> Grade E: Do not	language polishing	<input type="checkbox"/> Minor revision	topic of the manuscript:
publish	<input type="checkbox"/> Grade D: Rejection	<input checked="" type="checkbox"/> Major revision	<input type="checkbox"/> Advanced
		<input type="checkbox"/> Rejection	<input type="checkbox"/> General
			<input type="checkbox"/> No expertise
			Conflicts-of-Interest:
			<input type="checkbox"/> Yes
			<input type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS

Authors described the significance of liver biopsy in the management of HCC. Furthermore the future of liver biopsy was discussed. This review was interesting, but the significance was unclear. Recently the effectiveness of new imaging techniques representing not only vascularity but also function such as EOB-MRI is known in the



**Baishideng
Publishing
Group**

7901 Stoneridge Drive, Suite 501,
Pleasanton, CA 94588, USA
Telephone: +1-925-223-8242
Fax: +1-925-223-8243
E-mail: bpgoffice@wjgnet.com
https:// www.wjgnet.com

management of HCC. Liver biopsy could not reflect the whole signature of tumor as authors discussed in the manuscript. Authors should discuss the effectiveness of liver biopsy as compared with such techniques (e.g. EOB-MRI, contrast-US, RI,,).

INITIAL REVIEW OF THE MANUSCRIPT

Google Search:

- ☐ The same title
- ☐ Duplicate publication
- ☐ Plagiarism
- ☐ No

BPG Search:

- ☐ The same title
- ☐ Duplicate publication
- ☐ Plagiarism
- ☐ No

PEER-REVIEW REPORT

Name of journal: World Journal of Hepatology

Manuscript NO: 39128

Title: The contemporary role of liver biopsy in Hepatocellular Carcinoma

Reviewer's code: 02952159

Reviewer's country: Germany

Science editor: Fang-Fang Ji

Date sent for review: 2018-04-04

Date reviewed: 2018-04-26

Review time: 21 Days

SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION	PEER-REVIEWER STATEMENTS
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	<input type="checkbox"/> Accept	Peer-Review:
<input checked="" type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language	(High priority)	<input checked="" type="checkbox"/> Anonymous
<input type="checkbox"/> Grade C: Good	polishing	<input type="checkbox"/> Accept	<input type="checkbox"/> Onymous
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of	(General priority)	Peer-reviewer's expertise on the
<input type="checkbox"/> Grade E: Do not	language polishing	<input checked="" type="checkbox"/> Minor revision	topic of the manuscript:
publish	<input type="checkbox"/> Grade D: Rejection	<input type="checkbox"/> Major revision	<input checked="" type="checkbox"/> Advanced
		<input type="checkbox"/> Rejection	<input type="checkbox"/> General
			<input type="checkbox"/> No expertise
			Conflicts-of-Interest:
			<input type="checkbox"/> Yes
			<input checked="" type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS

Comments The authors discussed the risks associated with liver biopsy and the benefits of biopsy in various clinical scenarios. They suggest that in the future we should try to improve the use of liquid biopsy in the follow-up of HCC patients after various treatments modalities. Abstract: 1. 'According to the current guidelines, liver biopsy has



**Baishideng
Publishing
Group**

7901 Stoneridge Drive, Suite 501,
Pleasanton, CA 94588, USA
Telephone: +1-925-223-8242
Fax: +1-925-223-8243
E-mail: bpgoffice@wjgnet.com
https://www.wjgnet.com

only a minor role in the management of HCC. However, the current recommendations were made more than 5 years ago'. Which guidelines did author mention here?

Introduction: 1. The authors used both 'ultrasound' and 'ultrasonography' in the paper, please use unified words. I would be interested to know, what is the reason for better wording? 2. For 'recent progress in ultrasonography', nowadays, CEUS has been gradually recognized as a comparable imaging technique in diagnosis of FLLs, with great accuracy and convenience. Authors should clarify the application of CEUS in differentiation of HCC in their introduction. 3. For the diagnosis of small nodular in liver cirrhosis patients, please also discuss the value of the current CEUS LI-RADS classification and cite the CEUS LI-RADS publications. Techniques, performance, complications

1. 'The smear cytology technique will decrease the number of required passes and of inadequate fragments'. Which kind of 'smear cytology technique'? Please clarify it with more details. 2. CEUS used to guide 'the poorly visible or invisible nodules on conventional ultrasound, which become clearly visible after contrast injection'. Please be more precise if the biopsy was guided by CEUS? During arterial phase or portal venous/late phase? Current indications of LB in the diagnosis of HCC: 1. 'Nodules measuring between 1 and 2 cm are difficult to characterize using non-invasive methods', please cite certain references for this. 2. 'It follows that 50-70% of patients will require a biopsy in order to receive an exact diagnosis' In some clinical circumstance, liver cirrhosis patients with nodules measuring between 1 and 2 cm will still choose resection rather than biopsy. Please clarify. 3. 'Vascular microinvasion is difficult to ascertain by liver biopsy, and its risk can at best be estimated'. Since liver biopsy still could not diagnosis vascular microinvasion, there might be some new technologies, such as radiomics methods. Liver biopsy in the context of personalized medicine

1. Is there any guideline or recommendation for the 'histological subtypes' or 'molecular distinct features' of HCC? Please cite references. 2. Authors describe a lot of contents about

‘molecular distinct features’ of HCC, please make some comment on the relationship between liver biopsy and HCC molecular features. 3. Also please be more clear about the relationship between ‘HCC molecular features’, ‘liver biopsy’ and ‘personalized medicine’. Liquid biopsy: The future of liver biopsy 1. Please be specific in the what does ‘liquid biopsy’ refer to? How to perform it? 2. What is the possible disadvantage of ‘liquid biopsy’?

INITIAL REVIEW OF THE MANUSCRIPT

Google Search:

- ☐ The same title
- ☐ Duplicate publication
- ☐ Plagiarism
- ☐ No

BPG Search:

- ☐ The same title
- ☐ Duplicate publication
- ☐ Plagiarism
- ☐ No