



PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

Manuscript NO: 47519

Title: Neoadjuvant and adjuvant treatment strategies for hepatocellular carcinoma

Reviewer's code: 02943235

Reviewer's country: Japan

Science editor: Ruo-Yu Ma

Reviewer accepted review: 2019-04-21 00:26

Reviewer performed review: 2019-04-22 09:19

Review time: 1 Day and 8 Hours

| 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 checked="" 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

This article shows neoadjuvant and adjuvant treatment strategies for hepatocellular carcinoma. As neoadjuvant and adjuvant treatment strategies for patients with resectable HCC remains unclear, this review is important. However, there are some problems in this article. 1. In the neoadjuvant strategies for HCC section, the part of



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“Transarterial Radioembolization”, the references are required in the sentences “In 2016, they reported on another group of 10 patients with HCC and insufficient or borderline FLR who underwent Y-90 RL prior to resection. Following RL, the median FLR increased from about 33% (pre-RL) to about 43% (post-RL). Additionally, they reported >50% necrosis in greater than 92% of the resected tumors.”and “In a previously reported non-randomized trial comparing TARE to TACE, TARE resulted in a better response than TACE (61% vs. 37% partial response) and resulted in more patients being downstaged from UNOS T3 to T2, which could be critical for patients awaiting transplantation.”. 2. In the adjuvant strategies for HCC section, the part of “Antiviral therapy”, the authors described direct-acting antiviral therapy, but not the outcomes (overall survival and recurrence) after curative therapies including resection or ablation. For example, J Hepatol. 2019 Apr 5. pii: S0168-8278(19)30221-1.; Gastroenterology. 2019 May;156(6):1683-1692.e1. 3. In the adjuvant strategies for HCC section, the part of “Systemic Therapy”, the references are wrong in the sentences “While early studies suggested that the adjuvant use of sorafenib might be associated with decreased recurrence and prolonged RFS, other studies have found no benefit[89-91]. In contrast, some studies have shown that the use of adjuvant sorafenib may be associated with worse outcomes[90, 92].”. These references (89-92) are not associated with the use of adjuvant sorafenib. 4. As the authors mentioned ablation in the adjuvant strategies for HCC section, ablation is used as a bridging therapy to LT. Is “ablation” also included in the neoadjuvant strategies for HCC? 5. In Table 1, reference 153 is a RCT of postoperative adjuvant IFN therapy after resection of HBV-related HCC. Therefore, this reference should be removed in this table.

INITIAL REVIEW OF THE MANUSCRIPT

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PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

Manuscript NO: 47519

Title: Neoadjuvant and adjuvant treatment strategies for hepatocellular carcinoma

Reviewer's code: 03699961

Reviewer's country: Japan

Science editor: Ruo-Yu Ma

Reviewer accepted review: 2019-04-20 22:45

Reviewer performed review: 2019-04-22 23:25

Review time: 2 Days

| 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: |
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| <input checked="" type="checkbox"/> Grade C: Good | | <input type="checkbox"/> Accept | <input type="checkbox"/> Onymous |
| <input type="checkbox"/> Grade D: Fair | <input type="checkbox"/> Grade C: A great deal of language polishing | (General priority) | Peer-reviewer's expertise on the topic of the manuscript: |
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| | | <input type="checkbox"/> Major revision | <input type="checkbox"/> General |
| | | <input type="checkbox"/> Rejection | <input type="checkbox"/> No expertise |
| | | | Conflicts-of-Interest: |
| | | | <input type="checkbox"/> Yes |
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SPECIFIC COMMENTS TO AUTHORS

Title: Neoadjuvant and Adjuvant Treatment Strategies for Hepatocellular Carcinoma

Author: Clifford Akateh, Sylvester M. Black, Lanla Conteh, et al. 1) General Comments

In this review, the authors summarized diverse therapeutic means for hepatocellular carcinoma from the point of adjuvant and neoadjuvant therapies. Plenty of information



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were collected and reasonably organized to make us understood the current aspect in this issue. The topic is valuable and presented in a timely manner. The following are concerns that the authors may wish to consider: 2) Specific comments Major concerns: 1. Residual and/or recurrent cancer cells after surgical resection of hepatocellular carcinoma develop through either way of multicentric carcinogenesis or intrahepatic metastasis. Because the prognosis of patients with hepatocellular carcinoma is defined within a trade-off between anatomical cancer extent and functional hepatic reserve, the impact of locoregional treatments on patients' prognosis largely depends on whether the target cancer cells developed through which way. The efficacy of adjuvant and neoadjuvant therapies, therefore, should be discussed in the context of the process through which recurrent diseases developed. Otherwise, the discussion becomes a simple accumulation of controversial results. Minor concerns: 1. Stereotactic radiotherapy including heavy particle radiation therapy is another valuable locoregional treatment option for hepatocellular carcinoma. 2. In a randomized study, in which a patient was stratified into a TACE or surveillance group, will a patient in the TACE group take the treatment at a scheduled time point without surveillance?b

INITIAL REVIEW OF THE MANUSCRIPT

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