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PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

Manuscript NO: 50809

Title: Comparison of idarubicin versus doxorubicin in transarterial chemoembolisation of intermediate stage hepatocellular carcinoma

Reviewer's code: 03656580

Position: Peer Reviewer

Academic degree: MD, PhD

Professional title: Postdoc, Professor

Reviewer's country: China

Author's country: France

Reviewer chosen by: Artificial Intelligence Technique

Reviewer accepted review: 2019-10-07 23:46

Reviewer performed review: 2019-10-08 01:14

Review time: 1 Hour

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 type="checkbox"/> Grade B: Minor language	(High priority)	<input 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 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



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1. Only single-center experience comparing TACE with Idarubicin versus TACE with Doxorubicin were ported. 2. Data were two old.

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 Gastroenterology

Manuscript NO: 50809

Title: Comparison of idarubicin versus doxorubicin in transarterial chemoembolisation of intermediate stage hepatocellular carcinoma

Reviewer's code: 02904354

Position: Editorial Board

Academic degree: MD, PhD

Professional title: Associate Professor, Postdoc

Reviewer's country: China

Author's country: France

Reviewer chosen by: Artificial Intelligence Technique

Reviewer accepted review: 2019-10-07 10:38

Reviewer performed review: 2019-10-11 13:37

Review time: 4 Days and 2 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 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 checked="" 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 checked="" 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 paper is interesting. I recommend its potential publication in this journal. The first comment is about the study design. The authors said that they performed 90 patients treated with TACE for HCC, including 60 with Dox-TACE and 30 with Ida-TACE. And then they matched the two groups at a ratio of 2:1. It is confusing. How many patients with intermediate stage hepatocellular carcinoma performed TACE during the period? How did the authors selected the 90 patients form total patients? The information is very important for evaluating the bias of selection. The language should be carefully improved. For example, "adverse events (AEs)" are repeatedly used. Please use abbreviations after the first time of full name. In the sentence "... TACE because cardiac rhythm disturbances", "of" should be added. "...in a bridge-to-transplant settings" should be revised. Other errors should be carefully checked. Subheadings are useful for your Discussion section. I cannot see your figures and tables in the manuscript file. When the authors said "a recent randomized trial including 101 patients [19] suggested that transarterial embolization, also called bland embolization, offers comparable outcomes to TACE.", they should not neglect other evidence regarding TAE versus TACE. A recent overview of current evidence (Oncotarget. 2016; 7(23):34703-34751.) has summarized some meta-analyses and should be discussed.

INITIAL REVIEW OF THE MANUSCRIPT

Google Search:

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BPG Search:



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- ☐ No

PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

Manuscript NO: 50809

Title: Comparison of idarubicin versus doxorubicin in transarterial chemoembolisation of intermediate stage hepatocellular carcinoma

Reviewer's code: 02832130

Position: Peer Reviewer

Academic degree: MD, PhD

Professional title: Professor

Reviewer's country: China

Author's country: France

Reviewer chosen by: Artificial Intelligence Technique

Reviewer accepted review: 2019-10-08 02:28

Reviewer performed review: 2019-10-12 04:38

Review time: 4 Days and 2 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 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 type="checkbox"/> Minor revision	topic of the manuscript:
publish	<input type="checkbox"/> Grade D: Rejection	<input checked="" 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

Hepatocellular carcinoma (HCC) is a substantial public health problem and a significant cause of cancer-related mortality in the world. Transarterial chemoembolization (TACE) is the best treatment of intermediate HCC. In this study, the author compared the objective response rate (ORR) of Idarubicin-based TACE (Ida-TACE) against Doxorubicin-based TACE (Dox-TACE) in intermediate stage HCC. Their result indicated that the Ida-TACE and Dox-TACE showed comparable results in terms of efficacy and safety. Ida-TACE may represent an interesting alternative to Dox-TACE in the management of patients with intermediate stage HCC. The subject of this manuscript is of value, but the defects need to be modified.

1. The first and foremost, the efficacy of Idarubicin and Doxorubicin should be discussed. Do the two drugs have the same anticancer effect? The author should discuss it in the light of literature.
2. The effect of c-TACE and DEB-TACE should be discussed respectively. Is there any difference?
3. How many cases are c-TACE and DEB-TACE in the two groups respectively? Is the proportion balanced? Is there a difference of anticancer effect caused by imbalance of proportions?
3. The choice of the anticancer drugs used in TACE is still debated. The author should discuss this properly. Evidence or results of studies advocating the use of chemotherapeutic drugs; evidence or research findings advocating embolization only (with not anticancer drugs/not chemoembolization); and the possible reasons for these controversies.
4. How about the standard dose doxorubicin versus idarubicin, a dose thought to have equivalent anti-cancer activity?
5. Some sentences describing the results in this article are confusing, or not in conformity with the custom. Please check and modify them. For example: Abstract section: There were 93 and 87% of cirrhotic patients and 87 and 70% of Child-Pugh A in Doxorubicin and Idarubicin groups, respectively. The median number of HCC per patient was 2 in both groups with 31 and 26% of single nodules in Doxorubicin and Idarubicin groups. ORR after first TACE was 76.7% and 73.3% ($p=0.797$) with 41.7 and 40.0% complete response in Doxorubicin and



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Idarubicin groups, respectively. Anti-tumor efficacy: Comparison of Dox-TACE and Ida-TACE section: Tumor response evaluation within 3 months post-TACE, according to mRECIST criteria, showed an ORR of 76% and 73% ($p=0.797$) with 41 and 40% of CR, and 36% and 33% of PR in Dox-TACE and Ida-TACE groups respectively. DCR was 90 and 87%, respectively ($p=0.726$) (Figure 2), etc. Partially marked. Please see marked. 6. The size of gelatin sponge particles, the dosage of lipiodol and gelatin sponge particles, and the criteria for stopping embolization should be described.

INITIAL REVIEW OF THE MANUSCRIPT

Google Search:

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BPG Search:

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