

## PEER-REVIEW REPORT

**Name of journal:** World Journal of Gastroenterology

**Manuscript NO:** 53718

**Title:** Hepatocellular adenoma in the paediatric population: Molecular classification and clinical associations

**Reviewer's code:** 03011144

**Position:** Peer Reviewer

**Academic degree:** BM BCh, DNB

**Professional title:** Associate Professor

**Reviewer's Country/Territory:** India

**Author's Country/Territory:** Canada

**Manuscript submission date:** 2019-12-30

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2019-12-31 08:55

**Reviewer performed review:** 2020-01-06 02:46

**Review time:** 5 Days and 17 Hours

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 Grade E: Do not publish		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

## SPECIFIC COMMENTS TO AUTHORS



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1. The manuscript deals with the molecular basis, subtypes without detailing other aspects of Hepatic Adenomas in children. The title to be suitably modified 2. The review does not include solitary / multiple adenomas 3. The role of imaging in diagnosis and management is not outlined. 4. Differential diagnosis of adenoma in pediatric age group can add another dimension for the review 5. When and how to intervene is a vital question which is not addressed 6. Do all adenomas require biopsy evaluation or only imaging for management?

#### **INITIAL REVIEW OF THE MANUSCRIPT**

##### ***Google Search:***

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

##### ***BPG Search:***

- ☐ The same title
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- ☐ Plagiarism
- ☐ No

## PEER-REVIEW REPORT

**Name of journal:** World Journal of Gastroenterology

**Manuscript NO:** 53718

**Title:** Hepatocellular adenoma in the paediatric population: Molecular classification and clinical associations

**Reviewer's code:** 02462207

**Position:** Peer Reviewer

**Academic degree:** MD, PhD

**Professional title:** Associate Professor

**Reviewer's Country/Territory:** South Korea

**Author's Country/Territory:** Canada

**Manuscript submission date:** 2019-12-30

**Reviewer chosen by:** Jin-Zhou Tang

**Reviewer accepted review:** 2020-01-12 23:04

**Reviewer performed review:** 2020-01-15 04:57

**Review time:** 2 Days and 5 Hours

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

## SPECIFIC COMMENTS TO AUTHORS

Authors comprehensively reviewed molecular subtypes of hepatocellular adenoma and characteristics of hepatocellular adenoma affecting children and adolescents in terms of clinical settings, genetic predisposition, and various syndromes. I think that the quality of review is satisfactory for publication in the World Journal of Gastroenterology and that this review will improve reader's understandings about hepatocellular adenoma in pediatric patients. A few minor comments: 1) Figure 1 and Figure 2 illustrate the pathologic features of hepatocellular adenoma (Figure 1) and its adjacent non-neoplastic liver parenchyma (Figure 2). It would be better to combine the two figures into one figure. Also, I would recommend to give a title for the unified figure. 2) Page 13, Paragraph 2, Line 2: 1 in 30 000 -> 1 in 30,000

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## PEER-REVIEW REPORT

**Name of journal:** World Journal of Gastroenterology

**Manuscript NO:** 53718

**Title:** Hepatocellular adenoma in the paediatric population: Molecular classification and clinical associations

**Reviewer's code:** 02815951

**Position:** Peer Reviewer

**Academic degree:** MD

**Professional title:** Professor

**Reviewer's Country/Territory:** United States

**Author's Country/Territory:** Canada

**Manuscript submission date:** 2019-12-30

**Reviewer chosen by:** Jin-Zhou Tang

**Reviewer accepted review:** 2020-01-14 15:26

**Reviewer performed review:** 2020-01-19 19:57

**Review time:** 5 Days and 4 Hours

SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION	RE-REVIEW	PEER-REVIEWER STATEMENTS
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	<input type="checkbox"/> Accept (High priority)	<input type="checkbox"/> Yes	Peer-Review:
<input type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> Accept (General priority)	<input type="checkbox"/> No	<input type="checkbox"/> Anonymous
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<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejection	<input type="checkbox"/> Major revision		Conflicts-of-Interest:
<input type="checkbox"/> Grade E: Do not publish		<input type="checkbox"/> Rejection		<input type="checkbox"/> Yes
				<input type="checkbox"/> No

## SPECIFIC COMMENTS TO AUTHORS



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The authors have provided a review of pediatric HCA. Overall a nice review of a rare topic. 1. In the introduction, the last sentence 1st paragraph seems out of place with the rest of the introduction. maybe separate histology and IHC as a different idea. 2. The introduction subtype information seems like it could be made more succinct since this is not the focus ultimately of your article. 3. The order you selected to review the subtypes is different than usual. Usually inflammatory adenomas are considered and reviewed before b-catenin ones. Any reason you decided to cover b-catenin second? 4. I think the information on the molecular categories (before you get to pediatric tumors) could be condensed. This is reviewed in many articles and doesn't need such a detailed analysis here. Maybe a short summary with the table would be enough on this topic, rather than reviewing all the molecular subtypes. Keep in mind that your main topic - pediatric cases - is quite unusual so that is the interesting part of your article and the one that should be elaborated on. The information prior to that is well-known, easily found in other review articles, and can't be done justice here. So I would make it even shorter and get to the point of your article faster. 5. If you choose to keep a lengthy section on each molecular subtype, you need to clean up the writing a bit because it gets challenging to follow the genes, associations, and then pathogenesis on each subtype. 6. Under HHCA, is MODY3 a germline mutation? not clear at the end of first paragraph. 7. HHCA second paragraph. Feels repetitive and not tightly written between the genes, associations, etc. 8 Under sex hormone dysregulation, I would tighten the language around OCP and other associations. For instance, " Besides OCP, sex hormone dysregulation in the pediatric population can occur with obesity, Pcos, etc." 9. Under FA. "Patients with FA can develop HCAs spontaneously, and have an...." this is an awkward way of phrasing this. I guess you mean that patients with FA are at risk of developing HCA at baseline, but this is compounded by their being treated with androgen therapy and their iron overload? or something like that. 10. Under GSD, I found the section on



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B-catenin types didn't flow because in the middle of that topic, there is this cases Hosp of Sick children and Caldereros' paper. Maybe unify b-catenin topic and rephrase the other items. 11. The sentence describing caldrero's paper is confusing. 12. In the next paragraph, it is unclear why you seem to be describing histology of GSD. Has nothing to do with HCA, or does it? 13. I am not clear why you have elected to photograph figure 2 - which seems to be background liver in GSD? That isn't the subject of this review. If there is nothing else of interest that you can demonstrate in pediatric HCA, then we don't need figure 2. But if there is anything else worth demonstrating then I would illustrate that, rather than GSD.

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- ☐ No