



**PEER-REVIEW REPORT**

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

**Manuscript NO:** 74589

**Title:** Up to Seven Criteria in Selection of Systemic Therapy for Hepatocellular Carcinoma

**Provenance and peer review:** Invited Manuscript; Externally peer reviewed

**Peer-review model:** Single blind

**Reviewer’s code:** 02936034

**Position:** Editorial Board

**Academic degree:** MD, PhD

**Professional title:** Chief Doctor, Professor

**Reviewer’s Country/Territory:** China

**Author’s Country/Territory:** United States

**Manuscript submission date:** 2021-12-29

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2021-12-29 03:56

**Reviewer performed review:** 2022-01-06 04:55

**Review time:** 8 Days

<b>Scientific quality</b>	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
<b>Language quality</b>	<input type="checkbox"/> Grade A: Priority publishing <input checked="" type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
<b>Conclusion</b>	<input type="checkbox"/> Accept (High priority) <input checked="" type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
<b>Re-review</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No



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<b>Peer-reviewer statements</b>	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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### **SPECIFIC COMMENTS TO AUTHORS**

BCLC intermediate stage disease that exceeds “the up to seven” criteria, especially with lesions larger than 5cm, is less likely to respond to TACE alone and is therefore a disease that may respond better to systemic therapy. With the recent breakthroughs in immunotherapy for advanced HCC which clearly demonstrated OS advantage over single agent TKI sorafenib, it is promising that the use of immunotherapy would likely lead to better outcome when used in intermediate disease.