

## PEER-REVIEW REPORT

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

**Manuscript NO:** 88649

**Title:** Letter to the Editor: Hepatocellular carcinoma surveillance

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

**Peer-review model:** Single blind

**Reviewer's code:** 02527733

**Position:** Peer Reviewer

**Academic degree:** MD, PhD

**Professional title:** Doctor, Professor, Surgeon

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

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

**Manuscript submission date:** 2023-10-03

**Reviewer chosen by:** Jia-Ru Fan

**Reviewer accepted review:** 2023-11-16 12:17

**Reviewer performed review:** 2023-11-16 12:57

**Review time:** 1 Hour

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input checked="" type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Novelty of this manuscript	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Good <input checked="" type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No novelty
Creativity or innovation of this manuscript	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Good <input checked="" type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No creativity or innovation

<b>Scientific significance of the conclusion in this manuscript</b>	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Good <input checked="" type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No scientific significance
<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 type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input checked="" type="checkbox"/> Major revision <input type="checkbox"/> Rejection
<b>Re-review</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<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

## SPECIFIC COMMENTS TO AUTHORS

This is a letter to the editor. Several issues are described incorrectly. 1. AFP is recommended by several guidelines. Such as CNLC 2019 (Liver Cancer. 2020;9(6):682-720), AASLD 2023 (Singal AG, Llovet JM, Yarrow M, Mehta N, Heimbach JK, Dawson LA, Jou JH, Kulik LM, Agopian VG, Marrero JA, Mendiratta-Lala M, Brown DB, Rilling WS, Goyal L, Wei AC, Taddei TH. AASLD Practice Guidance on prevention, diagnosis, and treatment of hepatocellular carcinoma. Hepatology. 2023 Dec 1;78(6):1922-1965). 2. In China, more than 60% of HCC in initial stages has high values of AFP, but not only 10% to 20%. 3. Contrast-enhanced ultrasound (CEUS) is a good surveillance option for patients with high risk of HCC in all of the HCC guidelines.

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**Reviewer's code:** 03198793

**Position:** Editorial Board

**Academic degree:** MD, PhD

**Professional title:** Chief Physician, Dean, Professor

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

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

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**Reviewer chosen by:** Jia-Ru Fan

**Reviewer accepted review:** 2023-11-21 12:27

**Reviewer performed review:** 2023-12-04 14:39

**Review time:** 13 Days and 2 Hours

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input checked="" type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Novelty of this manuscript	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No novelty
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	Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

## SPECIFIC COMMENTS TO AUTHORS

This letter provided some opinions on Harris's article. I have read the the article by Harris PS et al about the surveillance of Hepatocellular carcinoma (HCC). In my opinion, the first two comments should be reconsidered. 1. In Harris's original article, the comments regarding the role of AFP in HCC surveillance were presented objectively. Harris mentioned that an additional study looking strictly at patients with Child-Pugh classes A and B found that by combining AFP to US, the sensitivity increased from 32% to 65% for detecting early stage HCC. However, Harris also stated that adding AFP measurement to the US regimen did not provide a statistically significant increase in sensitivity. Therefore, I do not believe that Harris suggested that the addition of AFP to a surveillance regimen improves the sensitivity of HCC detection. 2. Harris said that MRI is not recommended as the primary imaging technique for HCC surveillance. CT or MRI may be utilized in select patients with inadequate US visualization or at high risk for inadequate US. Therefore, the use of abdominal computed tomography or magnetic resonance imaging is not as a primary screening modality in obese patients and those with non-alcoholic fatty liver disease. They should only be seen as alternative methods.