PEER-REVIEW REPORT

Name of journal: *World Journal of Hepatology*

Manuscript NO: 80297

Title: Adherence to guideline-directed hepatocellular carcinoma screening: A single-center US experience

Provenance and peer review: Unsolicited manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 05752753

Position: Peer Reviewer

Academic degree: MD

Professional title: Doctor

Reviewer's Country/Territory: India

Author's Country/Territory: United States

Manuscript submission date: 2022-11-11

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-11-21 07:31

Reviewer performed review: 2022-11-29 07:11

Review time: 7 Days and 23 Hours

Scientific quality	[ ] Grade A: Excellent [ ] Grade B: Very good [Y] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish
Language quality	[ ] Grade A: Priority publishing [Y] Grade B: Minor language polishing [ ] Grade C: A great deal of language polishing [ ] Grade D: Rejection
Conclusion	[ ] Accept (High priority) [ ] Accept (General priority) [Y] Minor revision [ ] Major revision [ ] Rejection
Re-review	[Y] Yes [ ] No

Peer-reviewer	Peer-Review: [Y] Anonymous [ ] Onymous
statements	Conflicts-of-Interest: [ ] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

Congratulations to authors for the study and bringing forth the lacunae in screening cirrhotic patients for HCC 1. The authors have rightly pointed out that the reasons for low adherence to screening guidelines are largely institutional and partly patient related. 2. I request the authors to briefly describe the screening methods (eg - USG , is it contrast USG? for the benefit of the readers) 3. The contrast between developed and the underdeveloped world with regards to screening guidelines , availability of imaging resources, cost vs benefit can also be briefly highlighted   in the discussion. This would be of interest to the clinicians and researchers globally. 4. As pointed out primary driver of inadequate screening was radiology scheduling, the authors can review a few studies which would suggest a more pragmatic screening guidelines which would be applicable to a larger population around the world.

Scientific quality	[ ] Grade A: Excellent　[ ] Grade B: Very good　[ ] Grade C: Good [Y] Grade D: Fair　[ ] Grade E: Do not publish
Novelty of this manuscript	[ ] Grade A: Excellent　　[ ] Grade B: Good　　　[Y] Grade C: Fair [ ] Grade D: No novelty
Creativity or innovation of this manuscript	[ ] Grade A: Excellent　　[ ] Grade B: Good　　　[Y] Grade C: Fair [ ] Grade D: No creativity or innovation

Scientific significance of the conclusion in this manuscript	[ ] Grade A: Excellent [ ] Grade B: Good [Y] Grade C: Fair [ ] Grade D: No scientific significance
Language quality	[ ] Grade A: Priority publishing [Y] Grade B: Minor language polishing [ ] Grade C: A great deal of language polishing [ ] Grade D: Rejection
Conclusion	[ ] Accept (High priority) [ ] Accept (General priority) [ ] Minor revision [Y] Major revision [ ] Rejection
Re-review	[ ] Yes [Y] No
Peer-reviewer statements	Peer-Review: [Y] Anonymous [ ] Onymous
	Conflicts-of-Interest: [ ] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

Hepatocellular carcinoma screening is important for patients with cirrhosis. William King et al provided a well structured paper. But The content of this paper is too simple, especially for the part of result. I suggested that the author conduct an in-depth analysis of the data and give us more attractive results.

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Scientific quality	[ ] Grade A: Excellent [Y] Grade B: Very good [ ] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish
Novelty of this manuscript	[ ] Grade A: Excellent [Y] Grade B: Good [ ] Grade C: Fair [ ] Grade D: No novelty
Creativity or innovation of this manuscript	[ ] Grade A: Excellent [Y] Grade B: Good [ ] Grade C: Fair [ ] Grade D: No creativity or innovation

Scientific significance of the conclusion in this manuscript	[ ] Grade A: Excellent [Y] Grade B: Good [ ] Grade C: Fair [ ] Grade D: No scientific significance
Language quality	[Y] Grade A: Priority publishing [ ] Grade B: Minor language polishing [ ] Grade C: A great deal of language polishing [ ] Grade D: Rejection
Conclusion	[ ] Accept (High priority) [ ] Accept (General priority) [ ] Minor revision [Y] Major revision [ ] Rejection
Re-review	[Y] Yes [ ] No
Peer-reviewer statements	Peer-Review: [Y] Anonymous [ ] Onymous
	Conflicts-of-Interest: [ ] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

I read with great interest the paper by King et al, entitled "Adherence to guideline-directed hepatocellular carcinoma screening: A single-center US experience". The authors studied if the cirrhotic patient followed in a subspecialty hepatology clinic underwent the appropriate surveillance for HCC according to the AASLD guidelines. They included a really large cohort of patients (n = 1034) and identified that less than half of them (47%) underwent appropriate screening. Of note, screening failure was attributed to "hospital" factors and not "patient" errors. There are some parts that need clarification: - Why did the authors select the period from 2015–2017? It would be more interesting to see more recent data collected and to investigate differences between the pre- and post-covid periods. - Besides, it would be interesting to see if the delay in HCC screening affected the HCC stage at the time of diagnosis. - Were there any differences in screening delays observed that could be attributed to specific physicians? - One of the main reasons for screening failure was "radiology scheduling failure". Was this screening performed in the Radiology Department of the Hospital or in the private sector?