

PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

Manuscript NO: 35229

Title: Efficacy of Postoperative Adjuvant Transcatheter Arterial Chemoembolization to Suppress Recurrence and Improve Survival for BCLC Early- and Intermediate-stage Hepatocellular Carcinoma Patients with Microvascular Invasion

Reviewer's code: 02462024

Reviewer's country: United Kingdom

Science editor: Ya-Juan Ma

Date sent for review: 2017-07-26

Date reviewed: 2017-07-27

| CLASSIFICATION | LANGUAGE EVALUATION | SCIENTIFIC MISCONDUCT | CONCLUSION |
|--|--|--|--|
| <input type="checkbox"/> Grade A: Excellent | <input type="checkbox"/> Grade A: Priority publishing | Google Search: | <input type="checkbox"/> [Y] Accept |
| <input type="checkbox"/> Grade B: Very good | <input type="checkbox"/> [Y] Grade B: Minor language polishing | <input type="checkbox"/> The same title | <input type="checkbox"/> [] High priority for publication |
| <input type="checkbox"/> [Y] Grade C: Good | <input type="checkbox"/> Grade C: A great deal of language polishing | <input type="checkbox"/> Duplicate publication | <input type="checkbox"/> [] Rejection |
| <input type="checkbox"/> Grade D: Fair | <input type="checkbox"/> Grade D: Rejected | <input type="checkbox"/> Plagiarism | <input type="checkbox"/> [] Minor revision |
| <input type="checkbox"/> Grade E: Poor | | <input type="checkbox"/> [Y] No | <input type="checkbox"/> [] Major revision |
| | | BPG Search: | |
| | | <input type="checkbox"/> The same title | |
| | | <input type="checkbox"/> Duplicate publication | |
| | | <input type="checkbox"/> Plagiarism | |
| | | <input type="checkbox"/> [Y] No | |

COMMENTS TO AUTHORS

Thank you for a valuable study I have the following requests please 1. please explain how the decision was arrived at to offer or not offer PA-TACE to the patients (why had some been given PA-TACE and not others as this is not a trial as such.) Was this based on tumour size for example or AFP perhaps? 2. Please highlight or explain whether there were any complications related to PA-TACE, deaths, liver failure (or even simply a change in Child's or MELD score), side effects, etc 3. Are you able to provide info as to what happened to AFP levels after resection and then after TACE and compare to those who didn't receive the PA-TACE (did TACE patients have a further drop in AFP?) 4. There remain a few minor grammatical or syntax errors and I would suggest one further proof read of the manuscript 3.



**Baishideng
Publishing
Group**

7901 Stoneridge Drive, Suite 501,
Pleasanton, CA 94588, USA
Telephone: +1-925-223-8242
Fax: +1-925-223-8243
E-mail: bpgoffice@wjgnet.com
<https://www.wjgnet.com>

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Title: Efficacy of Postoperative Adjuvant Transcatheter Arterial Chemoembolization to Suppress Recurrence and Improve Survival for BCLC Early- and Intermediate-stage Hepatocellular Carcinoma Patients with Microvascular Invasion

Reviewer's code: 00722050

Reviewer's country: Canada

Science editor: Ya-Juan Ma

Date sent for review: 2017-08-05

Date reviewed: 2017-08-05

| CLASSIFICATION | LANGUAGE EVALUATION | SCIENTIFIC MISCONDUCT | CONCLUSION |
|---|---|--|--|
| <input type="checkbox"/> Grade A: Excellent | <input type="checkbox"/> Grade A: Priority publishing | Google Search: | <input type="checkbox"/> Accept |
| <input type="checkbox"/> Grade B: Very good | <input checked="" type="checkbox"/> Grade B: Minor language polishing | <input type="checkbox"/> The same title | <input type="checkbox"/> High priority for publication |
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| <input type="checkbox"/> Grade E: Poor | | BPG Search: | <input type="checkbox"/> Major revision |
| | | <input type="checkbox"/> The same title | |
| | | <input type="checkbox"/> Duplicate publication | |
| | | <input type="checkbox"/> Plagiarism | |
| | | <input checked="" type="checkbox"/> No | |

COMMENTS TO AUTHORS

The manuscript is interesting and the number of patients in the cohorts is impressive. However, I would suggest to resubmit to World Journal of Hepatology, because Baishideng Publisher has a different journal for hepatology manuscripts.

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Title: Efficacy of Postoperative Adjuvant Transcatheter Arterial Chemoembolization to Suppress Recurrence and Improve Survival for BCLC Early- and Intermediate-stage Hepatocellular Carcinoma Patients with Microvascular Invasion

Reviewer's code: 00032933

Reviewer's country: Taiwan

Science editor: Ya-Juan Ma

Date sent for review: 2017-07-26

Date reviewed: 2017-08-06

| CLASSIFICATION | LANGUAGE EVALUATION | SCIENTIFIC MISCONDUCT | CONCLUSION |
|---|---|--|--|
| <input type="checkbox"/> Grade A: Excellent | <input type="checkbox"/> Grade A: Priority publishing | Google Search: | <input type="checkbox"/> Accept |
| <input type="checkbox"/> Grade B: Very good | <input checked="" type="checkbox"/> Grade B: Minor language polishing | <input type="checkbox"/> The same title | <input type="checkbox"/> High priority for publication |
| <input checked="" type="checkbox"/> Grade C: Good | <input type="checkbox"/> Grade C: A great deal of language polishing | <input type="checkbox"/> Duplicate publication | <input type="checkbox"/> Rejection |
| <input type="checkbox"/> Grade D: Fair | <input type="checkbox"/> Grade D: Rejected | <input checked="" type="checkbox"/> Plagiarism | <input checked="" type="checkbox"/> Minor revision |
| <input type="checkbox"/> Grade E: Poor | | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Major revision |
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| | | <input checked="" type="checkbox"/> No | |

COMMENTS TO AUTHORS

Brief summary This is a retrospective study that collected 519 HCC patients with BCLC A or B between 2012 and 2015 in a single hospital. According to histology they divided the whole series into 259 cases without and 260 cases with microvascular invasion (MVI). They found that those patients received post-operative hepatic arterial chemoembolization had a better overall survival and recurrence free survival in MVI group, but not in non-MVI group. **Comments** 1. The study confirms that post-operative TACE could improve OS and RFS. This had been well reviewed in a meta-analysis by Qi X et al on oncotarget 2015. What is the new finding in this study? 2. The diagnosis of MVI by histology is an important guide for post operative TACE. In Table 3, AFP>400 ng/mL, tumor > 5 cm and capsule invasion were important predictors of MVI. The definition of capsule invasion is not found in methodology section. How much cases

with MVI can be predicted by these parameters? 3. In the 2nd paragraph of discussion, the sentence ' A CT study showed that the presence of tumor capsule invasion closely correlated with absence of MVI51.' is confusion and seems to be in the opposite meaning of the reference 51.