

## PEER-REVIEW REPORT

**Name of journal:** World Journal of Hepatology

**Manuscript NO:** 35407

**Title:** Occult hepatitis B virus infection and surgical outcomes in non-B, non-C patients with curative resection for hepatocellular carcinoma

**Reviewer's code:** 00187828

**Reviewer's country:** Turkey

**Science editor:** Fang-Fang Ji

**Date sent for review:** 2017-07-20

**Date reviewed:** 2017-07-21

**Review time:** 1 Day

| CLASSIFICATION   | LANGUAGE EVALUATION  | SCIENTIFIC MISCONDUCT                          | CONCLUSION   |
|--|--|--|--|
| <input type="checkbox"/> Grade A: Excellent            | <input checked="" type="checkbox"/> Grade A: Priority publishing     | Google Search:                                 | <input checked="" type="checkbox"/> Accept             |
| <input checked="" type="checkbox"/> Grade B: Very good | <input type="checkbox"/> Grade B: Minor language polishing           | <input type="checkbox"/> The same title        | <input type="checkbox"/> High priority for publication |
| <input 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"/> No         | <input type="checkbox"/> Minor revision                |
| <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 entitled "Occult HBV infection and surgical outcomes in non-B, non-C patients with curative resection for hepatocellular carcinoma" submitted by Hiroki Koga et al., has been assessed as follows; The authors investigated the prevalence, clinicopathological characteristics and surgical outcomes in patients with OBI-associated non-B, non-C (NBNC) HCC. They retrospectively examined the cases of 78 NBNC patients with curative resection for HCC for whom DNA could be extracted from formalin-fixed paraffin-embedded tissue. In conclusion, it is a very interesting retrospective study in which they were able to show from the formalin-fixed paraffin-embedded tissue DNA of 78 patients that OBI had no impact on the surgical outcome and surgical outcomes of NBNC HCC depend on early tumor detection. This finding indicates that the importance of a periodic medical examination for individuals

who have NBNC HCC risk factors. It is well-written, and presented. Although the number of patients is limited for this kind of work to produce conclusive data. It is rather an observational and descriptive study.

## PEER-REVIEW REPORT

**Name of journal:** World Journal of Hepatology

**Manuscript NO:** 35407

**Title:** Occult hepatitis B virus infection and surgical outcomes in non-B, non-C patients with curative resection for hepatocellular carcinoma

**Reviewer's code:** 03646639

**Reviewer's country:** Japan

**Science editor:** Fang-Fang Ji

**Date sent for review:** 2017-07-20

**Date reviewed:** 2017-07-30

**Review time:** 10 Days

| 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 checked="" 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 type="checkbox"/> Grade C: Good                 |   | <input type="checkbox"/> Duplicate publication |  |
| <input type="checkbox"/> Grade D: Fair                 | <input type="checkbox"/> Grade C: A great deal of language polishing  | <input type="checkbox"/> Plagiarism            | <input type="checkbox"/> Rejection                     |
| <input type="checkbox"/> Grade E: Poor                 |   | <input checked="" type="checkbox"/> No         | <input type="checkbox"/> Minor revision                |
|  | <input type="checkbox"/> Grade D: Rejected                            | BPG Search:                                    | <input checked="" 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 authors investigated the impact of occult hepatitis B virus infection (OBI) on the surgical outcomes in patients with both hepatitis B virus surface antigen (HBsAg) and hepatitis C virus antibody (HCVAb) (NBNC-HCC). The results indicate that the prevalence of OBI was found in 34.6% (27/78) of the patients with hepatocellular carcinoma (HCC) in the absence of NBNC HCC in this current study. They stated that the patients with OBI were younger those without OBI at the time of surgery, which could support hepatocarcinogenesis of OBI. They concluded that the patients' surgical outcomes were affected by only tumor-related factors, but not OBI status. The data is presented clearly. It will be of interest to medical practitioners as well as researchers in this field. However, I have following concerns. Major issues 1) The Discussion section should be improved for clarity. It would better to emphasize clearly the main points in

the discussion section. Minor issues 1) The relevant published work had not been cited. It would helpful if they provided information on the implication of their findings, particularly, in relation to other studies (Chen et al 2014, Nishikawa et al 2013 and Huang et al 2014). 2) 'Pathological' should be 'Pathological NASH' in Table 3.

## PEER-REVIEW REPORT

**Name of journal:** World Journal of Hepatology

**Manuscript NO:** 35407

**Title:** Occult hepatitis B virus infection and surgical outcomes in non-B, non-C patients with curative resection for hepatocellular carcinoma

**Reviewer's code:** 02444986

**Reviewer's country:** Turkey

**Science editor:** Fang-Fang Ji

**Date sent for review:** 2017-07-20

**Date reviewed:** 2017-08-02

**Review time:** 13 Days

| 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 type="checkbox"/> Grade B: Minor language polishing           | <input type="checkbox"/> The same title        | <input type="checkbox"/> High priority for publication |
| <input 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 type="checkbox"/> Plagiarism            | <input type="checkbox"/> Minor revision                |
| <input type="checkbox"/> Grade E: Poor      |  | <input type="checkbox"/> 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"/> No                    |  |

## COMMENTS TO AUTHORS

Authors compared the outcome of HCC patients with and with our occult HBV infection after curative surgical resection and concluded that occult HBV infection do not effect survival after the hepatic resection. my comments are as follow : \*figure2 should be omitted \* table 3,4, and 5 should be simplified and summarized within one table. \* more demographic data should be given i.e viral serological markers, HCC stage, number of tumors, neoadjuvan treatments such as RF ablation, serofonib, type of surgery. \* authors should be explained why new Inuyama classification system is preferred instead of knodell classification. \* what is the T factor (T12/T34)? \* discussion section should be improved.