PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology
Manuscript NO: 37284
Title: Systematic review of the outcomes of surgical resection for intermediate and advanced Barcelona Clinic Liver Cancer stage hepatocellular carcinoma: A critical appraisal of the evidence
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CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
[ ] Grade A: Excellent	[ ] Grade A: Priority publishing	Google Search:	[ ] Accept
[ ] Grade B: Very good	[Y] Grade B: Minor language polishing	[ ] The same title	[ ] High priority for publication
[Y] Grade C: Good		[ ] Duplicate publication	
[ ] Grade D: Fair	[ ] Grade C: A great deal of language polishing	[ ] Plagiarism	[ ] Rejection
[ ] Grade E: Poor		[Y] No	[Y] Minor revision
	[ ] Grade D: Rejected	BPG Search:	[ ] Major revision
		[ ] The same title	
		[ ] Duplicate publication	
		[ ] Plagiarism	
		[Y] No	

COMMENTS TO AUTHORS

This is a systematic review on the outcomes of surgical resection for intermediate and advanced BCLC stages of hepatocellular carcinoma. I have the following criticisms on this paper:- (1) Under Results, the authors defined BCLC stage C as "any tumour with radiologically evident and histologically proven macrovascular invasion". In the BCLC classification this definition is not exactly true. The definition of BCLC stage C is advanced stage with portal invasion, N1, M1, PS 1-2. Macrovascular invasion accounts for a proportion of BCLC stage C. (2) The authors divided the Results into the following headings: (A) BCLC B or C stage HCC; (B) Size of HCC; and (C) Multifocal HCC. However, under Discussion, the corresponding headings are (A) BCLC stage B HCC; (B) Multifocal HCC; (C) Large HCC; and (D) BCLC stage C HCC. It would be easier for the

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readers if the authors can write under Discussion using the headings in the Results. (3) It would be good if the authors can list out the levels of evidence after reviewing the medical literature and put the level of evidence under each of the headings. (4) In Figure 1 and Appendix 5, I do not understand why the bubble plots for overall survival and disease free survival can extend below 0%. Is there a phenomenon of a negative percentage in survival? (5) In Appendix 1, what is meant by the statement "74 articles included meta-analysis?" (6) The references are not in a uniform format, e.g. (a) reference 2, page 439-74, reference 4, pages 237-246; (b) reference 21 has 4 authors followed by et al. while the other references have only 3 authors followed by et al.; (c) reference 8 is incomplete.   Minor points: (1) Under Material and Methods, in paragraph 2 line 2, after "….. in BCLC stage B or C in patients with adequate liver reserve (i.e. Child's A or B status)" please add "and in good general status (PS 0-2)". (2) In Discussion, under BCLC HCC, line 3, change "…. has the potential cause ….." to "…. has the potential to cause ….."

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In this review, the authors systematically analyzed the surgical outcomes of liver resection for BCLC stage B and C hepatocellular carcinoma. They concluded that indications for primary surgical resection of HCC should be extended to include BCLC stage B lesions in selected patients. However, stratifying BCLC stage C lesions and potential extension surgical indications for resectable lesion until need study in future. The manuscript was well organized. But, the definition of BCLC stage C should be clarified clearly. In appendix 1, the total numbers of excluded articles were inconformity. Furthermore, a uniform format of references is needed.