



PEER-REVIEW REPORT

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Title: Prediction models for the development of hepatocellular carcinoma in chronic hepatitis B patients

Reviewer's code: 00863327

Position: Peer Reviewer

Academic degree: MD, PhD

Professional title: Full Professor

Reviewer's Country/Territory: Taiwan

Author's Country/Territory: China

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Reviewer chosen by: AI Technique

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Scientific quality	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Language quality	<input checked="" type="checkbox"/> Grade A: Priority publishing <input type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
Conclusion	<input type="checkbox"/> Accept (High priority) <input checked="" type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
Re-review	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Peer-reviewer statements	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No



**Baishideng
Publishing
Group**

7041 Koll Center Parkway, Suite
160, Pleasanton, CA 94566, USA
Telephone: +1-925-399-1568
E-mail: bpgoffice@wjgnet.com
https://www.wjgnet.com

SPECIFIC COMMENTS TO AUTHORS

It is an interesting review article exploring miscellaneous prediction models for the development of hepatocellular carcinoma (HCC) in chronic hepatitis B (CHB) patients, including untreated and treated patients at baseline or during therapy. Although all risk scores utilize clinical variables and appear readily apply to most patients, inclusion of dynamic changes in variables could further improve the accuracy of predicting HCC after antiviral treatment. Finally, the authors concluded that patients at high risk of HCC should undergo increased surveillance, and those in the low-risk profile need minimal surveillance due to their negligible risk. The manuscript is well written in English and directly relevant to the clinical application. There is only one minor suggestion as follows. Indeed, most HCC prediction models from Asian CHB patients have not been elucidated in Caucasian victims yet, and further investigations are needed to validate and compare the risk scores in different populations, especially the Caucasian race. Since the PAGE-B model is the first HCC risk score produced in Caucasian patients, there have been a lot of studies examining both Western and Eastern populations by using this model, raising a possibility that other scores developed from Asia might not bring the research interests to compare Asian patients with Western victims yet. Nevertheless, in conclusion section, the authors concluded that PAGE-B is the “only” score that demonstrates good predictability for HCC development in treated Asian and Caucasian CHB patients.