

## PEER-REVIEW REPORT

**Name of journal:** *World Journal of Gastrointestinal Oncology*

**Manuscript NO:** 67007

**Title:** Hepatocellular carcinoma surveillance and quantile regression for determinants of underutilisation in at-risk Australian patients

**Reviewer's code:** 05373202

**Position:** Peer Reviewer

**Academic degree:** MD

**Professional title:** Associate Professor, Chief Doctor, Staff Physician

**Reviewer's Country/Territory:** Turkey

**Author's Country/Territory:** Australia

**Manuscript submission date:** 2021-04-16

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2021-04-16 05:26

**Reviewer performed review:** 2021-04-16 05:34

**Review time:** 1 Hour

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 ] Grade E: Do not publish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



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#### **SPECIFIC COMMENTS TO AUTHORS**

This article is well written, highly original.

## PEER-REVIEW REPORT

**Name of journal:** *World Journal of Gastrointestinal Oncology*

**Manuscript NO:** 67007

**Title:** Hepatocellular carcinoma surveillance and quantile regression for determinants of underutilisation in at-risk Australian patients

**Reviewer's code:** 05771001

**Position:** Peer Reviewer

**Academic degree:** MD

**Professional title:** Doctor

**Reviewer's Country/Territory:** Italy

**Author's Country/Territory:** Australia

**Manuscript submission date:** 2021-04-16

**Reviewer chosen by:** AI Technique

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**Review time:** 1 Day and 10 Hours

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



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#### **SPECIFIC COMMENTS TO AUTHORS**

This a nice study that reflects daily practice in HCC surveillance in Australia. The number of patients is remarkable. This paper showed a fragile subgroup of patients in which the surveillance shown to be weaker, thus stressing a problem. At regards it could be nice to report in the study if there are any solutions to suggest. Limitation are clear and related on retrospective design of this monocentric study.

## PEER-REVIEW REPORT

**Name of journal:** *World Journal of Gastrointestinal Oncology*

**Manuscript NO:** 67007

**Title:** Hepatocellular carcinoma surveillance and quantile regression for determinants of underutilisation in at-risk Australian patients

**Reviewer's code:** 05631077

**Position:** Peer Reviewer

**Academic degree:** MD

**Professional title:** Surgeon

**Reviewer's Country/Territory:** United Kingdom

**Author's Country/Territory:** Australia

**Manuscript submission date:** 2021-04-16

**Reviewer chosen by:** Sami Akbulut

**Reviewer accepted review:** 2021-06-24 11:06

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**Review time:** 1 Day and 22 Hours

<b>Scientific quality</b>	<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
<b>Language quality</b>	<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
<b>Conclusion</b>	<input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input checked="" type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
<b>Re-review</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>Peer-reviewer statements</b>	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No



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## **SPECIFIC COMMENTS TO AUTHORS**

This is a retrospective study aiming to assess the adherence to HCC surveillance in a high-risk cohort in Australian tertiary centre where also liver transplantation is performed. This is a well-presented and well-conducted study. The authors have confirmed that, even in a good health care system, adherence to HCC surveillance is still not satisfactory and they have identified some factors which are associated with it. The limitations of the study are well underlined in the discussion. I have few comments: -it would be of interest to add in the methodology section a brief comment on how the pathway of HCC surveillance is done in your centre. For instance, if a patient with cirrhosis is diagnosed in another clinic/department, is then referred to yourselves? In addition, after deemed one patient as high-risk for HCC (cirrhosis, HCV etc) how are the next screenings booked? What is the decision-making process to refer a patient to a nurse-led clinic or specialist hepatologist? This seems to be important as, interestingly, nurse-led clinics have had high percentages of surveillance. I believe these highlights would help the reader's to better understand the whole process behind the results. -How many of these patients were in the transplant waiting list during the study period? Adherence to surveillance in this cohort should be close to 100%. I couldn't find this variable in the manuscript. The authors only mentioned that 16.3% of patients were FU in pre-transplant clinics. This is a reasonable amount and if numbers permit, a subgroup analysis of these patients would be of interest. -NESB can be misinterpreted in my opinion, as it might seem that these patient did not speak english at all. I believe this is not the case, as patients would probably speak english as second language and indeed in the text the authors mentioned several times "primary language spoken", so I would probably be more specific and possibly change "NESB" with "non native english speaking background". Table 1: I believe the "MELD score 9" should be under the



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column of Mean (SD)