

PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Cases

Manuscript NO: 78092

Title: Risk stratification of primary liver cancer

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 05207387

Position: Editorial Board

Academic degree: DSc, PhD

Professional title: Professor

Reviewer's Country/Territory: South Korea

Author's Country/Territory: China

Manuscript submission date: 2022-06-07

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-06-07 05:29

Reviewer performed review: 2022-06-07 05:39

Review time: 1 Hour

Scientific quality	[] Grade A: Excellent [Y] Grade B: Very good [] Grade C: Good [] Grade D: Fair [] Grade E: Do not publish
Language quality	[] Grade A: Priority publishing [Y] Grade B: Minor language polishing [] Grade C: A great deal of language polishing [] Grade D: Rejection
Conclusion	[] Accept (High priority) [Y] Accept (General priority) [] Minor revision [] Major revision [] Rejection
Re-review	[]Yes [Y]No
Peer-reviewer	Peer-Review: [Y] Anonymous [] Onymous



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Conflicts-of-Interest: [] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

Thanks for recommending me as a reviewer. In this Letter to the Editor, author have read an article with title: "Viral hepatitis and hepatocellular carcinoma: From molecular pathways to the role of clinical surveillance and antiviral treatment". According to the author, the term "risk factors for the development of PLA" in this article could lead to misunderstandings by readers. First, not all odds ratio (OR) values were obtained from the same study. Second, among the risk factors, there was no family history of PLA. Third, untreated chronic hepatitis D virus infection was classified as a moderate risk factor in the analysis of HCC risk factors, with an OR of 3.9. This letter is well written. If minor revisions are made, the quality of the study will be further improved. 1. Please uniform the line spacing of the first row of Table 1. 2. In Table 1, it would be better to write the footnote as "ALT=alanine aminotransferase".



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Reviewer's code: 03352142 Position: Editorial Board Academic degree: PhD

Professional title: Full Professor, Statistician

Reviewer's Country/Territory: Iran

Author's Country/Territory: China

Manuscript submission date: 2022-06-07

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-06-09 12:46

Reviewer performed review: 2022-06-14 14:25

Review time: 5 Days and 1 Hour

Scientific quality	[] Grade A: Excellent [] Grade B: Very good [Y] Grade C: Good [] Grade D: Fair [] Grade E: Do not publish
Language quality	[] Grade A: Priority publishing [Y] Grade B: Minor language polishing [] Grade C: A great deal of language polishing [] Grade D: Rejection
Conclusion	[] Accept (High priority) [] Accept (General priority) [] Minor revision [Y] Major revision [] Rejection
Re-review	[]Yes [Y]No
Peer-reviewer	Peer-Review: [Y] Anonymous [] Onymous



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statements

Conflicts-of-Interest: [] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

Dear author(s) I read your letter on "Viral hepatitis and hepatocellular carcinoma: From molecular pathways to the role of clinical surveillance and antiviral treatment in World J Gastroenterol 2022; 28(21): 2251-2281 [DOI: 10.3748/wjg.v28.i21.2251] As I can not approve the presented risk stratification for PLC in above mentioned paper, because they did not do any quantitative pooled analysis, my mean is meta analysis, this approach could provide a reliable evidence based on pooling ORs in different published studies, they presented a risk stratification only based on a review on 4 studies as they presented in table 1, that are not so reliable. From this view point I am agree with you; however I am not agree also with your suggestions you presented in your letter; because it is based on guideline that it also is not based on pooled quantitative data analysis, nowadays the results of meta analysis is an essential part for preparing a comprehensive guideline. Also, in a part of your letter you mentioned the presented ORs in above published paper are not from a same study, this point is not correct and it is not needed to be from a same study! In many area of clinical subjects there a different guidelines or risk scores all have their own value such a developed guideline for PCL in china and you mentioned it however a strict decision about it superiority to other ones needs comprehensive comparative studies.



RE-REVIEW REPORT OF REVISED MANUSCRIPT

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Manuscript NO: 78092

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Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 03352142 Position: Editorial Board Academic degree: PhD

Professional title: Full Professor, Statistician

Reviewer's Country/Territory: Iran

Author's Country/Territory: China

Manuscript submission date: 2022-06-07

Reviewer chosen by: Li-Li Wang

Reviewer accepted review: 2022-07-30 18:17

Reviewer performed review: 2022-07-30 18:19

Review time: 1 Hour

Scientific quality	[] Grade A: Excellent [Y] Grade B: Very good [] Grade C: Good [] Grade D: Fair [] Grade E: Do not publish
Language quality	[] Grade A: Priority publishing [Y] Grade B: Minor language polishing [] Grade C: A great deal of language polishing [] Grade D: Rejection
Conclusion	[] Accept (High priority) [Y] Accept (General priority) [] Minor revision [] Major revision [] Rejection
Peer-reviewer statements	Peer-Review: [Y] Anonymous [] Onymous Conflicts-of-Interest: [] Yes [Y] No



SPECIFIC COMMENTS TO AUTHORS

No further