

ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

Ms: 3384

Title: DOXORUBICIN-ELUTING BEAD VERSUS CONVENTIONAL TRANSCATHETER ARTERIAL CHEMOEMBOLIZATION OF HEPATOCELLULAR CARCINOMA PRIOR TO LIVER TRANSPLANTATION

Reviewer code: 00054465

Science editor: Wen, Ling-Ling

Date sent for review: 2013-04-26 20:10

Date reviewed: 2013-05-13 05:56

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	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"/> Existed	<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"/> No records	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D (Fair)	<input type="checkbox"/> Grade D: rejected	<input type="checkbox"/> Existed	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)		<input type="checkbox"/> No records	<input type="checkbox"/> Major revision

COMMENTS TO AUTHORS

This is a very good "Retrospective" analysis of patients with HCC who preoperatively were randomly selected to receive TACE or DEB-TACE. Many of the patients after therapy met criteria for liver transplantation and received an organ. The explanted liver then underwent very close pathological scrutiny to judge the effects of the 2 different therapies. The patients were also followed up for survival and recurrence of cancer. The conclusion reached was that the use of DEB-TRACE increased recurrence free survival after liver transplantation. The data and analysis are well done. My concern on the study is that it looks like a "prospective" study - even down to the randomization of the the patients. I would like to see the local ethics committee review this study and give their approval that this is a retrospective study and that they approve it.

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Reviewer code: 00051753

Science editor: Wen, Ling-Ling

Date sent for review: 2013-04-26 20:10

Date reviewed: 2013-05-23 03:11

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	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 checked="" type="checkbox"/> Grade B: minor language polishing	<input type="checkbox"/> Existed	<input type="checkbox"/> High priority for publication
<input checked="" type="checkbox"/> Grade C (Good)	<input type="checkbox"/> Grade C: a great deal of language polishing	<input type="checkbox"/> No records	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D (Fair)		BPG Search:	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)	<input type="checkbox"/> Grade D: rejected	<input type="checkbox"/> Existed	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

COMMENTS TO AUTHORS

Nicolini, et al. present a retrospective, single centered study comparing the efficacy of conventional TACE and DEB-TACE among HCC patients who have undergone liver transplantation. The authors highlight an important locoregional therapeutic tool that has become increasingly utilized. While there have been previous studies evaluating the performance of DEB-TACE and even a few small studies that have attempted to compare conventional TACE and DEB-TACE, the current study adds to the growing literature further defining the role of DEB TACE in the management of HCC. A few questions/concerns that I have about this manuscript: 1. While the majority of patients in the current study had HCC of viral etiology, it may be interesting the further define what proportion of these patients were hepatitis B vs. hepatitis C, as overall outcomes between the two different etiologies may differ. 2. Also, I assumed that all patients had evidence of cirrhosis, but I am not sure if this is true, and should be clarified. Furthermore, while characteristics such as MELD and Milan criteria were included, it would be important to compared BCLC HCC stage between the two groups as BCLC is the leading staging system currently used for HCC management. 3. There is some grammatical issues that should be reviewed and corrected. Furthermore, the authors include their own editorial comments in their manuscript (e.g. 5th paragraph of discussion section), which should be avoided in my opinion. Overall, I think this is an interesting small single centered retrospective study that while not ground break, adds to the growing literature helping define the role of DEB-TACE in the management of HCC

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Reviewer code: 00054048

Science editor: Wen, Ling-Ling

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CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	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"/> Existed	<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"/> No records	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D (Fair)		BPG Search:	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)	<input type="checkbox"/> Grade D: rejected	<input type="checkbox"/> Existed	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

COMMENTS TO AUTHORS

The paper is really well written and the considerations about the items are completely satisfying. The question of pre-transplantant treatment of hepatocellular carcinoma is clearly faced and the manuscript improves significantly the knowledge about this debated matter.