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ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 21908

Title: Cost-Effectiveness Analysis of Population-Based Screening of Hepatocellular Carcinoma-Comparing Ultrasonography with Two-stage Screening

Reviewer's code: 00068723

Reviewer's country: Japan

Science editor: Ze-Mao Gong

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CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	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"/> The same title	<input type="checkbox"/> High priority for publication
<input checked="" type="checkbox"/> Grade C: Good		<input type="checkbox"/> Duplicate publication	
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Plagiarism	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade E: Poor	<input type="checkbox"/> Grade D: Rejected	<input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Minor revision
		BPG Search:	<input type="checkbox"/> Major revision
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

COMMENTS TO AUTHORS

This study was unique in that it focused on cost-effectiveness of early diagnosis of HCC. This study was interesting, but the results may vary depending on countries because cost of management of HCC may be different. The readers have to be aware with this point in Discussion. It seemed reasonable that AUS only was superior to two-stage screening. In some cases, HCC is hard to detect. Combination of AUS and biomarkers seemed more effective to diagnose HCC. Were there any discussion to this point? Intervention strategies. Strategy 2, 3 used ultrasonography every year. Interval of one year seemed long for patients of high-risk group. Were there any specific reasons for one-year interval?