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## ESPS PEER REVIEW REPORT

**Name of journal:** World Journal of Hepatology

**ESPS manuscript NO:** 12990

**Title:** Role of hepatectomy for recurrent or initially unresectable hepatocellular carcinoma.

**Reviewer code:** 00054255

**Science editor:** Xue-Mei Gong

**Date sent for review:** 2014-08-01 20:58

**Date reviewed:** 2014-08-30 12:11

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"/> Existing	<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	BPG Search:	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input type="checkbox"/> Existing	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

### COMMENTS TO AUTHORS

This paper is very informative review article with well written and systematically designed. And it cover the benefit and limitation of each therapeutic modality of various kinds of surgical strategy including surgery, TACE, RF, PEIT, liver transplantation(salvage LT), radioembolization of yttrium-90 and combination chemotherapy for the recurrent and unresectable HCC. The Table 1 is very well summarized using recently published 16 reports. As the table shows, the survival rate is so different from paper to paper. The author's comment of this matter would be appreciated.



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## ESPS PEER REVIEW REPORT

**Name of journal:** World Journal of Hepatology

**ESPS manuscript NO:** 12990

**Title:** Role of hepatectomy for recurrent or initially unresectable hepatocellular carcinoma.

**Reviewer code:** 00913384

**Science editor:** Xue-Mei Gong

**Date sent for review:** 2014-08-01 20:58

**Date reviewed:** 2014-08-21 13:09

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 type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> Existing	<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	<input type="checkbox"/> Grade D: Rejected	BPG Search:	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input type="checkbox"/> Existing	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

### COMMENTS TO AUTHORS

This seems to be a nice and interesting review article for the treatment of a initially unresectable HCC. This article will give us a coherent thought.

## ESPS PEER REVIEW REPORT

**Name of journal:** World Journal of Hepatology

**ESPS manuscript NO:** 12990

**Title:** Role of hepatectomy for recurrent or initially unresectable hepatocellular carcinoma.

**Reviewer code:** 02527651

**Science editor:** Xue-Mei Gong

**Date sent for review:** 2014-08-01 20:58

**Date reviewed:** 2014-09-11 11:58

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"/> Existing	<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	BPG Search:	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input type="checkbox"/> Existing	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

### COMMENTS TO AUTHORS

The study is a literature review in the role of hepatectomy in the multidisciplinary approach of patients with hepatocellular carcinoma (HCC). The authors analysed the literature data for the role of hepatectomy in three situations: 1- for recurrent HCC following local treatment, 2- for refractory HCC after other local treatment, 3- for down-staged HCC for initially unresectable tumours. Nevertheless, this literature study shows many limitations.

Overall, it is a very challenging review to analyse and understand. First, the aim of the study is not specified in the abstract. The definitions of recurrent/refractory/down-staged HCC for initially unresectable are not specified in the manuscript, although they may vary from one study to another (especially for unresectability). Above all, only few details of the literature data are given in the Table 1 and only for the situation of recurrent HCC, while it can be assumed that these series using multidisciplinary approach for treatment of HCC may have been very heterogeneous with risk of bias. The role of hepatic resection is never analysed according to the quality of liver parenchyma or aetiology of liver disease, despite being important part of HCC management. In the multidisciplinary approach for treatment of recurrent or refractory HCC, the role of hepatectomy is never balanced against that of liver transplantation. When talking about the prognostic factors in point 1, only tumoral factors are mentioned without assessing the impact of underlying liver disease. In this paragraph on prognostic factors, the term “differentiation” used with the meaning of “distinction” should be avoided, as confusing with tumour differentiation. There are many redundancies in the discussion section, and the authors are regularly off the subject. In particular, for the point 2 (salvage hepatectomy for recurrent HCC), there is a long paragraph on



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the respective role of hepatectomy and radiofrequency ablation as first-intent treatment of HCC (and not as treatments for recurrent HCC). In that paragraph, the authors should conclude less peremptorily that “several studies... showed better prognosis with surgical resection than ablation therapy”, as controversial (the authors referred to Kudo et al (ref 34) who showed similar results between these treatments). Overall, the message of this study on the role of hepatectomy in the multidisciplinary approach of hepatocellular carcinoma (HCC) is not clear, the manuscript is very confusing and no practical conclusion can be drawn. If accepted, the paper would also greatly benefit from a professional editing from a native speaker.