

## ESPS Peer-review Report

**Name of Journal:** World Journal of Gastroenterology

**ESPS Manuscript NO:** 7811

**Title:** Liver resection for hepatocellular carcinoma: clinical outcomes and safety in elderly patients

**Reviewer code:** 00185743

**Science editor:** Wen, Ling-Ling

**Date sent for review:** 2013-11-30 19:06

**Date reviewed:** 2013-12-11 06:35

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 checked="" 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 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

1) The design of the study should be better defined. It should be better clarified in the Methods section if this is a retrospective or a prospective study ( it seems as retrospective, but in results it is nominated as prospective) 2) If the design is retrospective the phrase “For patients with CTP class B or C, treatment was adopted until they reached A, or other therapies should be performed” should be better clarified, because it seems that only patients with Child Pugh Class A (or reached after treatment Child Pugh A) are included and others reserved to different treatments should not be mentioned. 3) If the study is prospective, as it is stated in results it should be clarified if exclusion criteria are applied. If there are not exclusion criteria and all patients Child A are included, this should be clearly stated. Because of the strong similarities in sociodemographic characteristics among younger and older patients ) i.e age, gender, BMI it seems that the older patients are chosen with similar characteristics as younger one. 4) Are these patients already selected for surgery and then the data was retrospectively assessed? If it is the case in the possible biases of the study, discussed already in the end of the discussion, should be more focused the point of the stringent selection criteria used previously of the surgery. Suggestion: the phrase “patients were already chosen for surgery” could be added. 5) The range of ages in the younger group should also be showed 6) ASA grade is reported in the results, but it is not reported in the Methods section 7) In the phrase “However, the elderly patients had a higher mortality than younger group with the mortality of 1.2% (P=0.035)” should be clearer adding also the mortality of the elderly patients . 8) In Table 1 it is better to leave only one value for transaminases or levels up to normal limit of detection , or the absolute values and not both

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**Title:** Liver resection for hepatocellular carcinoma: clinical outcomes and safety in elderly patients

**Reviewer code:** 00069435

**Science editor:** Wen, Ling-Ling

**Date sent for review:** 2013-11-30 19:06

**Date reviewed:** 2013-12-12 18:17

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

Thank you for giving me the opportunity to review your impressive work with a formidable sample size, allowing a meaningful statistical conclusion to be made. However, I have the following remarks: 1.Regarding novelty, other authors have also concluded that age by itself should not be considered a contraindication to surgery nor a risk factor for post operative complications, although the sample size was not as large 1, 2. Others have found similar overall survival rates in the elderly and younger population with less disease free survival and increased rate of pulmonary complications in the elderly 3. 2.It should be stated clearly in the manuscript body as well as the abstract that, despite careful selection, as evidenced by better liver functions in the elderly than the younger population in your study, higher mortality and cardiovascular and neurological complications are to be expected in this group. 3.The language is OK but definitely needs to be refined. I have added few comments to the manuscript, but others are present and need to be checked. 4.In your work, you used the p value only for interpreting the result. Currently, the confidence interval should be added to the p value, as it is considered a more accurate tool which can also check the precision of the estimate. 5.The tables are not comfortable to the eye nor could be easily followed. Another sort of graphical display of the result may be appropriate if possible. You might ask the advice of your biostatistician in this regard. 6.On at least two occasions (highlighted in the manuscript), you have used the exact words of other researchers. If this is true, it needs to be rectified. Additionally, the paper should answer the following questions: 1.Compared to the younger population, what is the survival rate in the elderly after hepatectomy in your work? 2.What is the survival advantage or otherwise of hepatectomy in this group of patients compared to other modalities of treatment, as published in the literature? I have added some notes to the manuscript



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Wan Chai, Hong Kong, China

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which was sent to the journal, for you to review. With sincere regards References: 1. Ueno M, Hayami S, Tani M, Kawai M, Hirono S, Yamaue H. Recent trends in hepatectomy for elderly patients with hepatocellular carcinoma. Surg Today. 2013 Oct 5. 2. Ide T, Miyoshi A, Kitahara K, Noshiro H. Prediction of postoperative complications in elderly patients with hepatocellular carcinoma. J Surg Res. 2013 Dec;185(2):614-9. doi: 10.1016/j.jss.2013.07.016. Epub 2013 Jul 25. 3. Hirokawa F, Hayashi M, Miyamoto Y, Asakuma M, Shimizu T, Komeda K, Inoue Y, Takeshita A, Shibayama Y, Uchiyama K. Surgical outcomes and clinical characteristics of elderly patients undergoing curative hepatectomy for hepatocellular carcinoma. J Gastrointest Surg

**ESPS Peer-review Report**

**Name of Journal:** World Journal of Gastroenterology

**ESPS Manuscript NO:** 7811

**Title:** Liver resection for hepatocellular carcinoma: clinical outcomes and safety in elderly patients

**Reviewer code:** 02550493

**Science editor:** Wen, Ling-Ling

**Date sent for review:** 2013-11-30 19:06

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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
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**COMMENTS TO AUTHORS**

The authors present a series of 1543 liver resections in patients diagnosed with hepatitis B virus related HCC: 1336 were young patients and 207 were elderly patients. It is a wide series collected in a period of four years: the article is well redacted and its conclusions are very interesting for the international literature. 1) This study analyzed the results of liver resections only in patients diagnosed with HCC and Hepatitis B. It is not mentioned in the title of the article. The title could be: "Liver resection in hepatitis B related hepatocellular carcinoma: clinical outcomes and safety in elderly patients" 2) The authors don't specify which kind of study it is. They say that data were collected prospectively, but it seems a retrospective study. The authors should describe the type of study, specifying the exclusion criteria (including tumor-related exclusion criteria). 3) Some selected cirrhotic patients with HCC may benefit from laparoscopic approach. Do the authors use laparoscopic approach? 4) The patients were divided in younger and older than 65 years: the mean age of elderly patients was 69 years. It means that only few patients exceed the age of 75 years. It could be more appropriate using median and range or divided the patients in decades in order to express more accurately the sample's age. 5) It is not clear why there was more hepatic insufficiency in younger group. The hepatic insufficiency is usually related with the extension of the liver resection and with pre-operative liver function. In this study there was the same number of major liver resections in both group. Therefore the only possible explanation would be that in the younger group there were more patients with cirrhosis? Did the patients treat for their HBV? These aspects must be clarified. 6) The authors specify that all the patients were classified as Child A but they don't describe the grade of fibrosis or cirrhosis. In the discussion the authors suggest that younger patients had a worse underlying liver damage. It could be verified with the histological examination



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of the specimen. 7) Several data are repeated in the text and in the tables. The paragraph "postoperative outcome" might be write differently because there are some redundant data In the tables 1, 2 and 3 the first column with the data of all patients could be eliminated since they do not contribute to the objective of this article Table n.3 should only express that there were no differences between both groups in all the analyzed parameters. 8) Results in terms of overall survival and disease free survival could be added because they were very interesting given the large number of patients including in this study. 9) Some grammatical mistakes should be corrected. For example, in the abstract, the sentence "we study found elderly patients did have more comorbidities than younger patients" it's not correct.