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## ESPS PEER-REVIEW REPORT

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

**ESPS manuscript NO:** 30452

**Title:** Competing risk analysis on outcome after hepatic resection of hepatocellular carcinoma in cirrhotic patients

**Reviewer's code:** 00051373

**Reviewer's country:** Taiwan

**Science editor:** Ze-Mao Gong

**Date sent for review:** 2016-10-07 17:54

**Date reviewed:** 2016-11-12 20:10

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 type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<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"/> Duplicate publication	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input type="checkbox"/> Plagiarism	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input type="checkbox"/> No	<input type="checkbox"/> Major revision
		BPG Search:	
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input type="checkbox"/> No	

### COMMENTS TO AUTHORS

A very interesting observation study provided a first competing risk analysis of causes of death after hepatic resection of hepatocellular carcinoma particular on the patients with Child' A functional class. This manuscript is well written and analyzing. It should benefit to kind in mild that those patients having a risk of dying from cancer resection that significantly overcome the risk of dying from liver failure. The current manuscript should be accepting without alter.



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

**ESPS manuscript NO:** 30452

**Title:** Competing risk analysis on outcome after hepatic resection of hepatocellular carcinoma in cirrhotic patients

**Reviewer's code:** 02445541

**Reviewer's country:** Netherlands

**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 type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<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"/> Duplicate publication	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input type="checkbox"/> Plagiarism	<input type="checkbox"/> Minor revision
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		<input type="checkbox"/> Plagiarism	
		<input type="checkbox"/> No	

### COMMENTS TO AUTHORS

By retrospective competing risk analysis of prospectively collected data of 864 Child-Pugh class A cirrhosis patients, the authors define features to distinguish optimal from non-optimal surgical candidates. Their distinction is based on the assumed risks of dying from liver failure and risk of dying from tumor recurrence as given in Fig 2. I have several questions about this Fig 2. 1. It is said that in the horizontal column % risk (5.1, 7.9 and 12.2) of dying from tumor recurrence in T1, T2 and T3-T4a patients is derived from the calculation of the area under the cumulative incidence curve obtained from competing-risk regression, divided by time. I miss on how many patients per group this is based (in any case less than numbers of UNOS stage given in Table 1)? In Table 2 it is shown that death for tumor recurrence for T3-T4a in 5 yr period amounts to 34.6 % . I wonder how valid it is to use a percentage of 12.2% in Fig 2 for T3-T4a patients? I miss some foundation for this reasoning. 2. I have the same question for the percentages of risk of dying from liver failure (Fig 2 fourth column): what is there validation? Are they based on a statistically sufficient number of patients per group?