

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 31288

Title: Patients with non-viral liver disease have a greater tumour burden and less curative treatment options when diagnosed with Hepatocellular Carcinoma

Reviewer's code: 00503530

Reviewer's country: Japan

Science editor: Ya-Juan Ma

Date sent for review: 2016-11-08 20:18

Date reviewed: 2016-11-23 04:44

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input checked="" 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 checked="" 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 checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Major revision
		BPG Search:	
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

COMMENTS TO AUTHORS

It is the article that examined the importance of the surveillance program for HCC. However, the result of the multivariate analysis thinks that there are many similar reports. I think that the public surveillance program is in the policy-like element. As a result, the surveillance program seems to be weak. How is the weak cause? I think that the comparison with other countries including the Asia region should enter. As for the type B and C, how about the use or nonuse of the anti-viral drug? Is there the significant difference in table 2?

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Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 31288

Title: Patients with non-viral liver disease have a greater tumour burden and less curative treatment options when diagnosed with Hepatocellular Carcinoma

Reviewer's code: 00008736

Reviewer's country: Germany

Science editor: Ya-Juan Ma

Date sent for review: 2016-11-08 20:18

Date reviewed: 2016-11-29 00:11

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input checked="" type="checkbox"/> Grade A: Excellent	<input checked="" 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 checked="" 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 checked="" type="checkbox"/> No	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		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

In this study, Mohsen et al investigate a large cohort of HCC subjects with different etiologies and describe the Impact on Treatment Options and outcome. This is a nicely planned study with equally balanced subgroups of patients. The findings are important and of relevance and no specific concerns are raised. The manuscript is acceptable for rapid publication,

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Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 31288

Title: Patients with non-viral liver disease have a greater tumour burden and less curative treatment options when diagnosed with Hepatocellular Carcinoma

Reviewer's code: 00053950

Reviewer's country: Finland

Science editor: Ya-Juan Ma

Date sent for review: 2016-11-08 20:18

Date reviewed: 2016-12-04 22:20

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	Google Search:	<input checked="" 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"/> 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 checked="" 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 checked="" type="checkbox"/> No	

COMMENTS TO AUTHORS

The authors present a study comprising over 1000 patients suffering from HCC. The aim of the study was to estimate the treatment options and prognosis on the basis of the backgrounds of the HCC. The paper is well written. Remarks 1. The main message of the paper is that HCC patients with non-viral liver cirrhosis or non-cirrhotic liver do worse than patients with HCV-cirrhosis. This finding is not surprising because of the following reasons: - HCC found in patients without liver cirrhosis is almost always at an advanced stage and thus beyond curative treatment options. - Patients with alcohol cirrhosis are often not included to surveillance programs because of active alcohol use. This group of patients is also rather reluctant to any type of follow-up or treatment. - Patients with NAFLD have often comorbidities, which restrict the treatment options of HCC. - HCV patients in the western world are mostly iv drug users as the authors notice. Those of this group who have not died from drug abuse obviously have struggled their way to "normal" life. Their disease is diagnosed at a relatively early stage and their surveillance is easy to organize compared to patients with alcohol cirrhosis. 2. It is a bit arbitrary to put patients with various liver diseases in the same category when



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assessing their prognosis after HCC diagnosis. Patients with PBC, PSC, AI hepatitis or alpha 1AT deficiency are followed very closely after the diagnosis. The indication of liver transplantation among these diseases is very rarely HCC. These patients should be excluded from the study. 3. As the HCV patients are closely followed and younger and often in a better social state than alcohol cirrhotics the difference in the prognosis is well understood. 4. What was the authors' policy to alcohol use? If HCC was diagnosed in a person with active alcohol use, was the treatment offered immediately despite this fact? Or was the patient treated first with thermoablation or TACE and only thereafter with liver transplantation? 5. The discussion is a bit long and some repetition is seen.

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Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 31288

Title: Patients with non-viral liver disease have a greater tumour burden and less curative treatment options when diagnosed with Hepatocellular Carcinoma

Reviewer's code: 00058405

Reviewer's country: Brazil

Science editor: Ya-Juan Ma

Date sent for review: 2016-11-08 20:18

Date reviewed: 2016-12-05 20:04

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 checked="" 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 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 checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Minor revision
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		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

COMMENTS TO AUTHORS

Mohsen and co-workers have assessed the impact of underlying liver disease etiology on the presenting features and outcomes in a large cohort of patients with HCC. The authors evaluated a prospective database of all patients with HCC that was established from 1998 to March 2012. 1078 patients were categorized into three groups, based on the etiology of their liver disease: Hepatitis B (HBV), Hepatitis C (HCV) and Non- Viral Liver Disease (NVLD). Overall survival was determined by Kaplan Meier analysis to time to death or last follow-up. The main conclusions were that patients with non-viral liver disease and HCC are less likely to be enrolled in a HCC surveillance program and less likely to have curative therapies such as liver resection and transplantation after diagnosis with HCC. General comments: The study is of great interest for researchers in the field. The analysis is well performed, the results are relevant and the paper is well written. I have only minor suggestions. Introduction: The authors should shortened the Introduction to make it less descriptive and more focused on the aims of the study. Methods: The authors should make clear the inclusion and exclusion criteria for the study and should detail the variables included in the data bank. Results



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and Discussion are ok. No further comments.