Baishideng Publishing Group Co., Limited
Flat C, 23/F., Lucky Plaza,
315-321 Lockhart Road,
Wan Chai, Hong Kong, China

ESPS Peer-review Report
Name of Journal: World Journal of Gastroenterology
ESPS Manuscript NO: 4517
Title: Invited Review Article Reference ID 00010717
Reviewer code: 00009860
Science editor: Zhai, Huan-Huan
Date sent for review: 2013-07-03 16:00
Date reviewed: 2013-07-14 21:30

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
[ ] Grade A (Excellent)	[ ] Grade A: Priority Publishing	Google Search:	[ ] Accept
[Y] Grade B (Very good)	[Y] Grade B: minor language polishing	[ ] Existed	[ ] High priority for publication
[ ] Grade C (Good)	[ ] Grade C: a great deal of language polishing	[ ] No records	[ ]Rejection
[ ] Grade D (Fair)	[ ] Grade D: rejected	BPG Search:	[Y] Minor revision
[ ] Grade E (Poor)		[ ] Existed	[ ] Major revision
		[ ] No records	

COMMENTS TO AUTHORS

This is an excellent review. Almost all treatment options are described in a well-balanced way. Only the presentation of liver resection versus RFA is quite unbalanced as concerns the level of evidence. None of the four studies cited[53-56]represents a prospective, controlled double-blind study. In all 4 studies the groups of patients treated by either RFA or surgical resection are either unbalanced or the drops outs differ significantly. Only the Hongkong study by Chen et al. (Ann Surgery 2006) was designed as randomised prospective trial with balanced groups of patients. However, no difference of RFA versus resection was observed in that study. The postoperative mortality of hepatic resection was impressively low (<2%) in the 4 studies cited [53-56]. This observation argues for centralisation of liver surgery as to provide low morbidity and low surgical mortality (<3-8%) even to the everyday HCC patient that is not included in a clinical trial .