

## ESPS Peer-review Report

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

**ESPS Manuscript NO:** 5297

**Title:** Bridging and Downstaging Treatments for Hepatocellular Carcinoma in the Waiting List for Liver Transplantation

**Reviewer code:** 00008874

**Science editor:** Cui, Xue-Mei

**Date sent for review:** 2013-08-28 14:59

**Date reviewed:** 2013-08-28 15:33

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

This review article describe an important and controversial issue in the field of liver transplantation such as the clinical impact on dropout from the waiting list, tumour recurrence and overall survival of the bridging and downstaging procedures of hepatocellular carcinoma applied to patients candidates to transplant. This is well written review article and have worth to publish. However, please add the representative or schematic figures. It is helpful for readers.

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

**ESPS Manuscript NO:** 5297

**Title:** Bridging and Downstaging Treatments for Hepatocellular Carcinoma in the Waiting List for Liver Transplantation

**Reviewer code:** 00033049

**Science editor:** Cui, Xue-Mei

**Date sent for review:** 2013-08-28 14:59

**Date reviewed:** 2013-09-01 00:17

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A (Excellent)	<input checked="" type="checkbox"/> Grade A: Priority Publishing	Google Search:	<input type="checkbox"/> Accept
<input checked="" 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)		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**

The manuscript is very detail but purely descriptive. It will be most helpful to add some table to summarize some of the results. Since the title of this manuscript is "Bridging and down staging treatment for HCC in the waiting list for liver transplant", there should be at least 2 table summarizing the outcome of 1. bridging 2. Downstaging. A summary figure of evidence-based approach would also be useful. Even though data is limited, should expand the section on liver transplant outcome since this should be the aim of this review, based on the title. A recommended approach based on the current evidence would greatly enhance this review. Other minor comments: 1. Need to point out the one of the logistic problems with liver resection- the issue with HCC exception should patient need a liver transplant. 2. p.9, line 9: lower than 3 cm should be less than 3 cm

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

**ESPS Manuscript NO:** 5297

**Title:** Bridging and Downstaging Treatments for Hepatocellular Carcinoma in the Waiting List for Liver Transplantation

**Reviewer code:** 00070577

**Science editor:** Cui, Xue-Mei

**Date sent for review:** 2013-08-28 14:59

**Date reviewed:** 2013-09-05 12:35

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	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"/> Existed	<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)		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

The authors reviewed the bridging and downstaging treatment for HCC in waiting list for liver transplantation. This thema is very important but very difficult to describe due to the lack of randomized studies. Furthermore, situation of the patient is much different depending on the patient's factors (liver function, MELD etc) and HCC (tumor) factor (biological feature, location etc), thus very difficult to review about this thema. I think the paper is well written, however, to help the general reader, I suggest the following things. 1. The authors should make tables depending on the methods of the treatment. I think in the table impact on recurrence and survival etc. should be included. Without this, it is very difficult to evaluate which treatment is better. 2. I recommend to make a table or figure which mention the good points and bad points of the therapies. 3. I think biological feature of HCC is also important factor for the future recurrence and survival. The author should include some more comments in Conclusion. 4. Is living-related liver transplantation the one of the choices for HCC patients? If the authors also think so, this must be included in discussion.