

ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 6188

Title: Transarterial chemoembolization and bland embolization for hepatocellular carcinoma

Reviewer code: 00068723

Science editor: Wen, Ling-Ling

Date sent for review: 2013-10-08 22:45

Date reviewed: 2013-11-03 17:46

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	<input type="checkbox"/> No records	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D (Fair)	language polishing	BPG Search:	<input checked="" 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

This manuscript reviews current status of TAE and TACE. The aim is clear and the conclusion is reasonable. TA(C)E for patients waiting for transplantation is useful. One of the interesting points is that no difference is found between TAE and TACE. As the author describes, chemotherapeutic agents does not seem to improve outcome. As a clinician's point of view, the conclusion is agreeable based on experience. If the authors have any speculation to this conclusion, it would be intriguing. Combination therapy of TA(C)E and local ablation (RFA, PEI) seems lacking. Readers are curious about the comparison of outcome between TA(C)E only and combination of TA(C)E and local ablation.

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Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 6188

Title: Transarterial chemoembolization and bland embolization for hepatocellular carcinoma

Reviewer code: 00181501

Science editor: Wen, Ling-Ling

Date sent for review: 2013-10-08 22:45

Date reviewed: 2013-11-08 09:30

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 checked="" 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)	<input type="checkbox"/> Grade D: rejected	BPG Search:	<input checked="" type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)		<input type="checkbox"/> Existed	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

COMMENTS TO AUTHORS

This paper describes the difference and similarity between TACE and TAE. Generally speaking, this is an interesting article. However, there are some issues which need the authors to address. Main point: Though this is a long review, the mechanism of TACE and TAE is not described in detail enough. Minor points: 1. Some abbreviations did not used in a nice way. For example, the words "hepatocellular carcinoma" and "transarterial chemoembolization" appear more than one time. 2. In the part of "patient selection and survival", I recommend one reference (PMID:24096763). This study found hepatic resection associated with good survival than TACE for patients with intermediate and advanced-stage HCC. Namely, TACE may be not a suitable therapy some HCC patients. 3. Reference 38 is not a meta-analysis. Please check. 4. After references 47 and 48, authors stated "a recent meta-analysis including ...". However, no reference was written.