

ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 6433

Title: Propensity score analysis demonstrated the prognostic advantage of anatomical liver resection in hepatocellular carcinoma

Reviewer code: 02444778

Science editor: Cui, Xue-Mei

Date sent for review: 2013-10-21 11:05

Date reviewed: 2013-11-04 20:32

| 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) | | 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

For authors, This paper describes the prognosis comparison of HCC patients between patients that underwent anatomic liver resection (AR) and non-anatomic liver resection (NAR) using propensity score-matched populations. Further two independent prognostic factors have been found from multivariate analysis. This study provides the information for the prognostic advantage of AR in HCC patients. Further, there are some confusing questions and suggestions in this study. 1. In the figure 2, the RFS of NAR groups show about 30 % survival patients at 100 months. But why the OS of NAR groups show the nonrecurrent patients are all dead at about 100 months. Whether it means that the dead patient is not relate to disease recurrence. 2. From this study, two independent prognostic factors have been found in the multivariate analysis. We suggest that it may need more functional assays in liver to compare the prognostic factor between AR and NAR HCC patients. For instance, histological examination of independent prognostic factor- HGF and vascular invasion in liver. 3. In this manuscript, the beginning of HCC patients collection is different between abstract and methods.

ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 6433

Title: Propensity score analysis demonstrated the prognostic advantage of anatomical liver resection in hepatocellular carcinoma

Reviewer code: 02445035

Science editor: Cui, Xue-Mei

Date sent for review: 2013-10-21 11:05

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| 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

I like this paper and what the authors attempted to do. Propensity scoring allows an approximation of a prospective trial by matching patients in critical variables. Those propensity matched had single small tumors (within Milan) and apparent good hepatic reserve. The OS of anatomic resection was better than non-anatomic resection (although PFS was not). Important variables were vascular invasion and the hepatocyte growth factor. I would be interested to know whether the authors examined the presence or absence of portal hypertension and the use of the MELD scoring (as MELD is used increasingly more on patients considered for hepatic resection). They might also address resection of patients who fall within Milan (single vs. three or less tumors) as they alluded to extending resection to patients with two tumors. The final sentence of the manuscript should read "single tumors" rather than "less than double" tumors. "Good liver function" should also be better characterized in this sentence. Otherwise the manuscript is well written.