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ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 7482

Title: Hepatocellular Carcinoma: Surgical Perspectives beyond the Barcelona Clinic Liver Cancer (BCLC) Recommendations

Reviewer code: 02438768

Science editor: Qi, Yuan

Date sent for review: 2013-11-21 19:10

Date reviewed: 2013-11-27 11:15

| 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 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

Comments for ESPS Manuscript NO: 7482 1) General comments The Barcelona Clinic Liver Cancer (BCLC) staging system has been validated by Western and Eastern groups. In some countries, the surgical indications of the BCLC staging system have been recognized as a guideline for surgical treatment of HCC. It is well-known that surgical resection is one of the most effective treatments for hepatocellular carcinoma (HCC) so far. Although BCLC staging system is commonly accepted as a guideline for HCC treatment, it only recommends liver resection for the patients with HCC at stage 0 to A. Many studies have indicated that BCLC staging system has some drawbacks, one of which is it may exclude many patients who could benefit from surgical resection. Therefore, it is important and necessary to revise the BCLC classification. More studies and clinical practice are required as for how to further broaden the surgical indications of the BCLC staging system in the future. This manuscript is well-organized in structure and rich in content. I would like to recommend authors to reply to the following comments. 2) Specific comments: Major comments: # Hepatitis B virus (HBV) infection is the main risk factor for HCC in Eastern Asia and Africa, however, in Western countries and Japan, hepatitis C virus (HCV) infection is the main risk factor. HBV and HCV differ in their mechanisms of carcinogenesis, they even differ in their way of responding to treatment. Therefore, even if many studies in Western countries have validated the usefulness of BCLC staging system, this classification is still under criticism due to some drawbacks. What's more, it does not necessarily mean that BCLC staging system is applicable in Asia and Africa. The risk factors vary significantly from region to region, which requires any staging system would need to be validated in both western and Asia-Pacific patients. To date, however, no such globally



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validated classification exists, and BCLC staging system is no exception. Having been repeatedly revised, BCLC staging system still has other drawbacks. In summary, compared with BCLC staging system, the most important thing in the treatment of HCC is to tailor treatment to each patient's needs. In my opinion, the above topics should be reflected in the manuscript. # In the paragraph "BCLC B Large HCC (recommended TACE [24]) ", Although tumor size is not an absolute contraindication to liver resection, the risk of vascular invasion and dissemination increases with tumor size growth; thus, TACE might be a better initial treatment in patients with large HCCs. Before doing surgical resection for those patients with large HCCs, it is imperative to conduct a thorough evaluation in order to ensure that the lesion is well circumscribed. I hope that the authors should pay attention to these questions in this paragraph. Minor comments: The minor comments are omitted.



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Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 7482

Title: Hepatocellular Carcinoma: Surgical Perspectives beyond the Barcelona Clinic Liver Cancer (BCLC) Recommendations

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Science editor: Qi, Yuan

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Date reviewed: 2013-12-09 10:09

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

Overall this is an interesting manuscript that liver resection used in intermediate-advanced HCC could result in good short-term and long-term outcomes. The role of curative treatment beyond the BCLC recommendations is significant and needs better attention on data analysis, as has been done in this manuscript. Specific comments: 1) The gene expression profiles in HCC from different manuscripts published are vastly different. How to transform this information into practice needs to be analyzed.



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ESPS Peer-review Report

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

COMMENTS TO AUTHORS

This manuscript is suitable for publication in WJG with minor revisions.