

ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 8770

Title: Risk factors and surgical outcomes for spontaneous rupture of BCLC stage A and stage B hepatocellular carcinoma: a case-control study

Reviewer code: 00112071

Science editor: Qi, Yuan

Date sent for review: 2014-01-06 20:32

Date reviewed: 2014-01-12 12:40

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

COMMENTS TO AUTHORS

A good series of a single institutional experience of patients with localised spontaneously ruptured HCC treated by surgical resection. Explores biologically plausible risk factors for rupture with appropriate statistical analysis. Important message is that outcomes are not necessarily grim as some 5-year survivors are possible following resection with a low surgical mortality. Some of these are patients who have not relapsed. Some grammatical and spelling errors which are tracked on the uploaded version. Would take issue with statement that bandaging is effective against preventing spontaneous rupture. This should be supported by some evidence. Could postulate control of systemic and portal hypertension might be beneficial. Would the authors suggest whether these patients should still be considered for adjuvant radioactive iodine-lipiodol in this setting in centres offering this.?

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Name of Journal: World Journal of Gastroenterology

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Title: Risk factors and surgical outcomes for spontaneous rupture of BCLC stage A and stage B hepatocellular carcinoma: a case-control study

Reviewer code: 00181546

Science editor: Qi, Yuan

Date sent for review: 2014-01-06 20:32

Date reviewed: 2014-01-27 04:24

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
[Y] Grade A (Excellent)	[Y] Grade A: Priority Publishing	Google Search:	[Y] Accept
[] Grade B (Very good)	[] 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:	[] Minor revision
[] Grade E (Poor)		[] Existed	[] Major revision
		[] No records	

COMMENTS TO AUTHORS

An excellent paper. I can accept it without any reservation. There are only some type errors (for example duo instead of due, foctors instead of factors, etc)... My only question regards to the final conclusion: what kind of evidence or experience support the confidence of the authors, that the bandage of the abdomen can prevent tumor rupture in these patients?

ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 8770

Title: Risk factors and surgical outcomes for spontaneous rupture of BCLC stage A and stage B hepatocellular carcinoma: a case-control study

Reviewer code: 00160013

Science editor: Qi, Yuan

Date sent for review: 2014-01-06 20:32

Date reviewed: 2014-01-28 00:16

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

Yan and colleagues report a case-control study analyzing the risk factors and surgical outcomes for spontaneous rupture of hepatocellular carcinoma (HCC) in BCLC stage A and B. There were 89 patients and 171 controls enrolled in this study. The authors found that tumor location, hypertension and liver cirrhosis were associated with spontaneous rupture of HCC and recommended one-stage hepatic resection to patients with ruptured HCC at these stages. Several issues need to be addressed:

1. In the method section, the authors mentioned that 200 consecutive patients with spontaneous ruptured HCC visited their hospital from April 2002 to November 2006. In a recent study from the same research group, 409 consecutive patients with spontaneous rupture of HCC were recruited at their single hospital from February 2000 to February 2009, of which 102 patients received operation (Yang T et al., Br J Surg. 2013;100(8):1071-9). The authors should clarify the patients recruited for these 2 closely-related studies. Did the authors collect the data solely from their hospital? Did all patients with spontaneous ruptured HCC receive one-stage operation? Were there any patients receiving non-operative treatment, such as TACE? What is the main difference between these studies and what is the new finding of the present study when compared to their latest publication?
2. What BCLC staging did the authors use in this study? Did they use the updated BCLC staging (2012)? If not, why? According to the title, were the patients with BCLC 0 stage excluded from this study, or they were included?
3. Except hepatitis B infection, whether the patients have hepatitis C infection as well?
4. Since liver cirrhosis was found to be a risk factor of spontaneous rupture of HCC in this study, did the authors investigate the role of esophageal and gastric varices?
5. In the table 1, an important risk factor of survival, satellite nodules, was found not to be associated with ruptured



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HCC. Any explanation? 6. Tumor size ? 10 cm was not found to be a predictive factor for HCC rupture. How to measure the size of multiple nodules? How many patients with single nodule and multiple nodules were included? Maximum diameter of single tumor > 5 cm or 10 cm need to be further estimated independently. 7. What is the rationale of recommending one-stage operation to patients with spontaneous rupture of HCC? In this study, there is no direct comparison with other non one-stage operation treatment. The best approach to treat HCC rupture is still debatable.