

# ESPS Peer-review Report

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

**ESPS Manuscript NO:** 8416

**Title:** Epithelioid haemangioendothelioma of the liver as a rare indication for liver transplantation

**Reviewer code:** 02447059

**Science editor:** Su-Xin Gou

**Date sent for review:** 2013-12-28 16:57

**Date reviewed:** 2014-01-02 15:45

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

The authors described a series of 10 HEHE cases were candidates for liver transplantation. As reported by the authors, the outcome was really good compared to HCC and other liver diseases as a whole In general, the article is interesting and represent the experience of a single center adding a new experience to other published reports which were well-discussed by the authors. Some concerns have been raised during revision of the manuscript Manuscript throughout: 1. No page numbers 2. A lot of English language mistakes and punctuation which needs to be professionally revised and corrected 3. Article format is not according to the WJG specifications Abstract: 1. Some abbreviations are first mentioned without being preceded by the full name, as HEHE in abstract, methods, line 4, HCC in abstract, results, line 5 Results: 1. A lot of missed spaces between words and after punctuation marks. Please revise 2. Page 4, line 5 "There was no neoadjuvant chemotherapy of radiotherapy." What do you mean? Do you mean "or radiotherapy"? 3. Page 5, line 3, "Sometimes fatigue or weight loss were reported." clinical data needs to be summarized, tabulated and analyzed 4. Table 2, please indicate empty cells as NA if data not available 5. Page 7, line 4 from below; "The follow-up for HEHE group ranged from 1 month to 11.4 years." And page 8, first line "Three years survival was 87.5% for HEHE group" How would you calculate a 3-year survival for patients operated one month earlier? 6. Page 7, line 3 from below, "One patient died two months after OLTx due to septic complications." Death was related to postoperative complication and not due to the nature of the disease "HEHE". Please elaborate this point as it may bias your data analysis Discussion: 1. A lot of paragraphs are missing citations 2. Page 9, paragraph 3, line 5; what is "HE"? 3. Page 9, paragraph 4, line 7, "TACE" full name is mentioned before 4. Page 9, paragraph 4, line 9; full name of



## BAISHIDENG PUBLISHING GROUP INC

8226 Regency Drive, Pleasanton, CA 94588, United States

Telephone: +1-925-223-8242 Fax: +1-925-223-8243

E-mail: [bpgoffice@wjgnet.com](mailto:bpgoffice@wjgnet.com) <http://www.wjgnet.com>

---

HCC should be mentioned earlier with first mention 5. Page 9, paragraph 4, line 9; alpha 2b for “a2b”  
6. Page 11, paragraph 3, “clinical symptoms was the only significant independent prognostic factor.”  
please elaborate Conclusion: 1. Line 9; “the authors” of the current study or others?

**ESPS Peer-review Report**
**Name of Journal:** World Journal of Gastroenterology

**ESPS Manuscript NO:** 8416

**Title:** Epithelioid haemangioendothelioma of the liver as a rare indication for liver transplantation

**Reviewer code:** 02530754

**Science editor:** Su-Xin Gou

**Date sent for review:** 2013-12-28 16:57

**Date reviewed:** 2014-01-03 03:55

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 type="checkbox"/> Grade C (Good)	<input type="checkbox"/> Grade C: a great deal of language polishing	<input type="checkbox"/> No records	<input checked="" type="checkbox"/> Rejection
<input type="checkbox"/> Grade D (Fair)		BPG Search:	
<input checked="" type="checkbox"/> Grade E (Poor)	<input type="checkbox"/> Grade D: rejected	<input type="checkbox"/> Existed	<input type="checkbox"/> Minor revision
		<input type="checkbox"/> No records	<input type="checkbox"/> Major revision

**COMMENTS TO AUTHORS**

To the authors: The manuscript by Remiszewski et al describes a retrospective series of 10 patients with EHE receiving a liver transplantation in a single institution over a 25-years period. This is an interesting topic with many unanswered questions. Unfortunately there are limitations, some of them important, limiting the quality of the evidence: 1- There are previous studies, some of them quoted in the paper, that address the role of liver transplantation for treating selected patients with EHE. Furthermore EHE is a formal indication, although infrequent, for liver transplantation in many institutions. Thus the manuscript by Remiszewski is timely and does not solve the remaining questions in the field (ie. How to select patients with EHE for liver transplantation? Which are the prognostic factors? Identification of biomarkers...). 2- The number of patients is extremely reduced as in previous single-centre studies. The evidence to manage patients with EHE candidates for liver transplantation should come from multicentre studies with larger sample size. 3- The authors say that the aim of the study was "to assess the results of OLTx in patients with EHE". Previous studies have given this information and the results are not different from those obtained in the present study. 4- The statistical test to compare survival between groups was Chi-squared test as stated in methods. This test is not appropriate for comparing cumulative survival derived from Kaplan-Meier curves. The Log Rank test, Tarone-Ware test or similar should be used in turn. 5- The recruitment period is very wide (24 years) which introduces heterogeneity in the population included. 6- Whenever survival rates are compared between several groups of patients, a multiple Cox's regression analysis should be used in order to control for possible confounding factors. However with the reduced number of patients with EHE this methodology cannot be applied, and therefore there is high risk of



## BAISHIDENG PUBLISHING GROUP INC

8226 Regency Drive, Pleasanton, CA 94588, United States

Telephone: +1-925-223-8242 Fax: +1-925-223-8243

E-mail: [bpgoffice@wjgnet.com](mailto:bpgoffice@wjgnet.com) <http://www.wjgnet.com>

---

bias in the study. 7- In the discussion the authors only describe the findings from previous studies but there is no comparison with the results obtained in the present manuscript. 8- In the conclusion the authors say: "The survival rates of patients after OLTx for EHE are superior to survival rates of patients with HCC who underwent liver transplantation". This statement is false according to the p value derived from the Kaplan-Meier curve ( $p=0.409$ ). There is a trend to a better survival in the EHE group compared with the HCC group in the long term but this is not significant, which may be influenced for the reduced sample size. As a minor comment there are some mistakes with the English that requires further revision.

**ESPS Peer-review Report**
**Name of Journal:** World Journal of Gastroenterology

**ESPS Manuscript NO:** 8416

**Title:** Epithelioid haemangioendothelioma of the liver as a rare indication for liver transplantation

**Reviewer code:** 01798570

**Science editor:** Su-Xin Gou

**Date sent for review:** 2013-12-28 16:57

**Date reviewed:** 2014-01-07 20:46

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 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**

Dear Editor; The case series was evaluated In general summary; Malignant hepatic epithelioid hemangioendothelioma (HEH) is a rare malignant tumor of vascular origin. OLTx and long-term follow-up results is important for this issue. 1. In abstract section: "Methods: HEHE was an indication for OLTx in 10 patients". HEHE should be explained. 2. In abstract section: "Cumulative survival rate in HEHE patients was 87.5% compared to 54.3% in the HCC group and 76.3% in other OLTx recipients group (p = 0.409)." How many year survival rates? 3. In discussion section, there are many redundant information about other treatment modalities. Authors should focus on OLTx for his patients. Sincerely yours

# ESPS Peer-review Report

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

**ESPS Manuscript NO:** 8416

**Title:** Epithelioid haemangioendothelioma of the liver as a rare indication for liver transplantation

**Reviewer code:** 00071753

**Science editor:** Su-Xin Gou

**Date sent for review:** 2013-12-28 16:57

**Date reviewed:** 2014-01-15 06:48

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

# COMMENTS TO AUTHORS

The authors a retrospective report of 10 cases of hepatic epithelioid hemangioendothelioma (HEHE) treated by liver transplantation. Concerns: 1- The article has a confused objective that starts with analysis of the indications and results of liver transplantation (LT) for HEHE, but during the article they describe their results of their liver transplantation whole casuistic, compare HEHE with HCC, what is a completely different tumor, and also with the rest of other indications of LT. 2- The method is short and also confused. They did not group the patients properly neither state the characteristics of the patients. 3- In the results they mostly described the macroscopic and microscopic characteristics of the tumors. 4- The discussion is mostly based in an old review of Mehrabi et al, that did not accesses conveniently the enormous advance in minimally invasive surgery, immunotherapy and others innovations. This innovations have permitted less aggressive treatments for HEHE like LT, as it was observed for some authors like Lakkis et al, JOURNAL OF HEPATOLOGY, 2013; Wang et al. WORLD JOURNAL OF SURGERY, 2013, Galvao et al. TRANSPLANT PROC., 2005, among others. 5- The conclusion is long and does not match with the objective.