

# ESPS Peer-review Report

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

**ESPS Manuscript NO:** 9324

**Title:** Recent advances in the surgical treatment of hepatocellular carcinoma.

**Reviewer code:** 00906759

**Science editor:** Su-Xin Gou

**Date sent for review:** 2014-02-08 16:34

**Date reviewed:** 2014-02-15 19:07

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A (Excellent)	<input type="checkbox"/> Grade A: Priority Publishing	Google Search:	<input type="checkbox"/> [ Y] Accept
<input type="checkbox"/> [ Y] Grade B (Very good)	<input type="checkbox"/> [ Y] 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	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

This is a well-written review on surgical treatment of hepatocellular carcinoma. Dr. Morise et al describe the most recent advances in the management of HCC on cirrhosis; they review indications and limits of liver resection, percutaneous treatments and liver transplantation. However, there are few concerns Minor Comments: 1) Both in the session Abstract and Core tip, the Authors write that liver resection “is the most available, efficient treatment for patients with HCC”. However, as the Authors describe later, there are several percutaneous treatments which are very effective in particular when HCC is inferior to 3 cm. Therefore, the Authors should write that “liver resection is one of the most efficient treatment for HCC”. Other modern ablative therapies should be cited as well (stereotactic radiotherapy, Y90) 2) Session Introduction: the 5-year expected survival of 6-70% is a too wide range. Furthermore the reference by Eguchi et al (number 5) regarding the 10-year recurrence-free survival does not seem appropriate. One recent and large series by East-West showed an overall 5-year of 38% even in BCLC-C class HCC, range 38-65% (see Torzilli G, Ann Surg 2013; 257: 929-937) 3) Session “Criteria for Listing Candidates”: references 104 and 106 are not consistent with the sentence; they should be check and revised. Similarly, in the session management on the waiting list, when in the text are reported references 123-125, actually reference 125 is not consistent with the text. 4) Finally, references 85 and 102 by Mazzaferro are the same reference. They should be check, change in the manuscript and number of

**ESPS Peer-review Report****Name of Journal:** World Journal of Gastroenterology**ESPS Manuscript NO:** 9324**Title:** Recent advances in the surgical treatment of hepatocellular carcinoma.**Reviewer code:** 02520639**Science editor:** Su-Xin Gou**Date sent for review:** 2014-02-08 16:34**Date reviewed:** 2014-02-21 15:09

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 checked="" type="checkbox"/> Grade C: a great deal of language polishing	<input type="checkbox"/> No records	<input type="checkbox"/> Rejection
<input checked="" 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**

This manuscript is about the review of recent advances in the surgical treatment of HCC. There are several weak points in this article. 1. No description of local ablation therapy in the treatment of HCC in this article. In addition to liver resection and liver transplantation, local ablation plays an important role in HCC treatment, either alone (laparoscopically) or combined with surgical approaches. 2. The references should be rechecked and revised carefully, some are not consistent with the description, some are duplicated.

**ESPS Peer-review Report**
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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"/> Rejection
<input type="checkbox"/> Grade E (Poor)	<input type="checkbox"/> Grade D: rejected	<input type="checkbox"/> Existed	<input checked="" type="checkbox"/> Minor revision
		<input type="checkbox"/> No records	<input type="checkbox"/> Major revision

**COMMENTS TO AUTHORS**

In the article entitled "Recent advances in the surgical treatment of hepatocellular carcinoma", the authors reviewed the surgical management of patients with hepatocellular carcinoma (HCC) in detail. This is a very nice review on this topic and deserves publication. I have some suggestions to improve the quality of this work. 1. Laparoscopic treatment of HCC is discussed in detail and advantages of this modality is explained. On the other hand there are some limitations, especially regarding the learning curve. The limitations of this modality needs to be discussed. 2. The important series about resection and transplantation with complications, overall survival and disease-free survival rates can be given as a table to more clearly understand the big picture. 3. In the non-surgical treatments section I believe that microwave ablation needs to be mentioned besides RFA. Similarly the limitations of radioembolization can be discussed.