

ESPS Peer-review Report**Name of Journal:** World Journal of Gastroenterology**ESPS Manuscript NO:** 9778**Title:** Recurrent Hepatocellular Carcinoma after Partial Hepatectomy with Complete Tumor Response to Sorafenib: A Case Report**Reviewer code:** 00008874**Science editor:** Ya-Juan Ma**Date sent for review:** 2014-02-27 21:13**Date reviewed:** 2014-03-26 16:44

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 checked="" 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

Authors showed a case with HCC who showed complete clinical response after sorafenib administration. It is interesting case report. Such a phenomenon is extremely rare. Please discuss the reason why this patient and reported cases have achieved complete remission. Figure 3. Because there was no evidence of progression of disease for 50 months, change the time scale for longer follow-up time.

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Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 9778

Title: Recurrent Hepatocellular Carcinoma after Partial Hepatectomy with Complete Tumor Response to Sorafenib: A Case Report

Reviewer code: 01047483

Science editor: Ya-Juan Ma

Date sent for review: 2014-02-27 21:13

Date reviewed: 2014-04-02 01:33

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 checked="" type="checkbox"/> Rejection
<input checked="" 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"/> Major revision
		<input type="checkbox"/> No records	

COMMENTS TO AUTHORS

We read with interest the article entitled "Recurrent Hepatocellular Carcinoma after Partial Hepatectomy with Complete Tumor Response to Sorafenib: A Case Report". I raise some important question about this article: Minor revision

Introduction: A. Some sentences have to be reported in the discussion. Description of Sorafenib action has to be reported elsewhere but not in the Introduction. B. Results of SHARP and Asian Pacific Trial have to be commneted in the Discussion

Case Report: A: Why TACE was performed after surgery?. There was a residual post surgery HCC lesion? Please explain this step in the treatment of this patient. B, TACE has a clear indication according to International Guidelines in Child Pugh A and B Intermediate Stage (B) multinodular HCC but not as an adjuvant treatment post surgery. Furthermore TACE is employed in the downstaging of HCC pre Liver Transplantation. Please explain this particular use of TACE in the patient describe.

FIGURES A. In the figure 2A, CT demonstrated multinodular lesions, but the lesions are described in the portal phase but not in the arterial phase. In the portal venous phase, lesions may be isodense or hypodense but not hyperdense. Please report the arterial phase in the figure 2A and describe the presence or not of wash in and wash out typical of hepatocellular carcinoma. In the figure 2B different phases of CT must be reported (arterial phase and portal phase).

Discussion Several cases of regression of HCC are reported in the literature. So I believe that this case does not add new message. Recent case reports describe a complete remission of HCC under Sorafenib treatment. Subramanian et al. describe a complete regression of HCC extended to right atrium with Sorafenib treatmet (Clin Gastroenterol Hepatol 2012;10: e83-e84) Moroni et al



BAISHIDENG PUBLISHING GROUP INC

8226 Regency Drive, Pleasanton, CA 94588, USA

Telephone: +1-925-223-8242

Fax: +1-925-223-8243

E-mail: editorialoffice@wjgnet.com

<http://www.wjgnet.com>

described a complete regression of HCC following sorafenib in unresectable locally advanced HCC (Future Oncol 2013;9:1231) Hagihara A et al. describe a complete remission of multifocal HCC in a patient with advanced liver cirrhosis and treated with Sorafenib. (Intern Med 2013;52:1589. Another interesting case report it was described by Rahali et al. In this case a down staging of HCC was obtained with Sorafenib pre surgery (World J Surg Oncol 2013;11:171).

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Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 9778

Title: Recurrent Hepatocellular Carcinoma after Partial Hepatectomy with Complete Tumor Response to Sorafenib: A Case Report

Reviewer code: 00003697

Science editor: Ya-Juan Ma

Date sent for review: 2014-02-27 21:13

Date reviewed: 2014-04-06 22:36

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

The case presented here is interesting because it shows that a complete remission and a long-lasting disease-free survival time can be achieved with Sorafenib. A few issues should be addressed: -the management of this particular patient did not strictly follow the current guidelines. Indeed, at the time of HCC diagnosis, the patient was already in BCLC stage B (intermediate). In such conditions, TACE should have been the option of choice. - After resection and adjuvant TACE, AFP remained pretty elevated, suggesting a residual disease, that, strangely, was not documented at hepatic angiography. It is surprising that in only two months there was such an “explosion” of disease, with multiple nodules, up to 4 cm. Only at this point, being a BCLC stage C, the patient received sorafenib. -It would be interesting to assess the molecular profile of the resected HCC in this patient, since it might shed light on the molecular mechanisms underlying the complete response to sorafenib. -Some of the authors’ positions for considering the case as “special” should be tempered; indeed, the patient’s HBV-related hepatitis and Chinese origin cannot be considered factors in inducing remission (in the Asia-Pacific Study there was no complete response); it is not correct to speak about “combination therapy” to describe the subsequent treatments received by the patient; it should be noted that the early adverse reactions to sorafenib could also represent positive predictive factors of response; -the conclusion of the manuscript cannot be sustained since this is just a case report - the quality of the figures is pretty low and the legends should be more detailed.