

8226 Regency Drive, Pleasanton, CA 94588, USA

Telephone: +1-925-223-8242 Fax: +1-925-223-8243 E-mail: editorial office@wjgnet.com http://www.wjgnet.com

**ESPS Peer-review Report** 

Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 10089

Title: Safety of hepatectomy for elderly patients with hepatocellular carcinoma

**Reviewer code:** 00057695 **Science editor:** Ya-Juan Ma

**Date sent for review:** 2014-03-13 00:06

Date reviewed: 2014-03-19 00:04

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
[ ] Grade A (Excellent)	[ ] Grade A: Priority Publishing	Google Search:	[ ] Accept
[ ] Grade B (Very good)	[ Y] Grade B: minor language polishing	[ ] Existed	[ ] High priority for
[Y] Grade C (Good)	[ ] Grade C: a great deal of	[ ] No records	publication
[ ] Grade D (Fair)	language polishing	BPG Search:	[ ]Rejection
[ ] Grade E (Poor)	[ ] Grade D: rejected	[ ] Existed	[Y] Minor revision
		[ ] No records	[ ] Major revision
1			

#### **COMMENTS TO AUTHORS**

This manuscript "Topic Highlights" looks at the safety of hepatectomy in elderly patients with hepatocellular carcinoma. Several retrospective studies have been published in this field and it is helpful to have these studies summarized in this 'highlight'. The manuscript is clearly well written and extensively referenced. However, two most recently studies by Wang et al Eur J gastroenterol Hepatol 214, 4: 444 and Taniai N et al J Nippon Med Sch 2013 on the safety of major hepatectomy in elderly patients over the age of 70 years were not referenced. I also have the following comments: 1. In the abstract and in the conclusion: the last sentence of the abstract needs to be rephrased for clarity "to plan an elective operation in detail for elderly patient..". Also correct meticulous to meticulously. 2. The authors need to specify which age definition they used in this review? 3. Page 14: what is meant by this sentence "Charlson comorbidity score group, procedures for HCC, are teaching hospital status. "? 4. Page 17 under the short term outcome: An explanatory note is needed to explain the fact that although the degree of liver regeneration at one month after right lobectomy in elderly patients is similar to that in younger patients, the incidence of hospital death due to hepatic failure after right lobectomy in elderly patients is extremely high. Is this related to the higher comorbidity rates in the elderly? 5. Page 18, under long-term results: the first 2 sentences need references. 6. References: well referenced but the name of journals is not conforming to Vancouver style.



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**ESPS Peer-review Report** 

Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 10089

Title: Safety of hepatectomy for elderly patients with hepatocellular carcinoma

Reviewer code: 00036234 Science editor: Ya-Juan Ma

**Date sent for review: 2014-03-13 00:06** 

Date reviewed: 2014-03-25 21:51

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
[ ] Grade A (Excellent)	[ ] Grade A: Priority Publishing	Google Search:	[Y] Accept
[Y] Grade B (Very good)	[ Y] Grade B: minor language polishing	[ ] Existed	[ ] High priority for
[ ] Grade C (Good)	[ ] Grade C: a great deal of	[ ] No records	publication
[ ] Grade D (Fair)	language polishing	BPG Search:	[ ]Rejection
[ ] Grade E (Poor)	[ ] Grade D: rejected	[ ] Existed	[ ] Minor revision
		[ ] No records	[ ] Major revision

#### **COMMENTS TO AUTHORS**

I read this review with great interest. The authors have covered thoroughly all the aspects related to the safety of hepatectomy in older patients. Minor language polishing is required.



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**ESPS Peer-review Report** 

Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 10089

Title: Safety of hepatectomy for elderly patients with hepatocellular carcinoma

Reviewer code: 00041966 Science editor: Ya-Juan Ma

**Date sent for review:** 2014-03-13 00:06

Date reviewed: 2014-03-26 17:09

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
[ ] Grade A (Excellent)	[ ] Grade A: Priority Publishing	Google Search:	[ ] Accept
[ ] Grade B (Very good)	[ ] Grade B: minor language polishing	[ ] Existed	[ ] High priority for
[ Y] Grade C (Good)	[ Y] Grade C: a great deal of	[ ] No records	publication
[ ] Grade D (Fair)	language polishing	BPG Search:	[ ]Rejection
[ ] Grade E (Poor)	[ ] Grade D: rejected	[ ] Existed	[ Y] Minor revision
		[ ] No records	[ ] Major revision

#### COMMENTS TO AUTHORS

Authors address the topic of hepatic resection in elderly patients affected by Hepatocellular Carcinoma. This is a very up to date topic since, thanks to the continuous increase in mean population age, surgeons frequently face this kind of issue. The paper is well constructed and all major issues are treated; despite this, authors should take into consideration some minor revision, to improve manuscript quality and make it suitable for publication. 1. An interesting issue is the analysis of biological age: many scores analysing biological age of individuals are present in the literature: authors should deepen this topic, possibly introducing a comparative table where accuracy of each scoring system is listed. Indeed, to our knowledge, no comparative studies are at the moment available for these scores. Furthermore, authors should indicated, for each cited study, the study design since it is well known that value of prospective studies is really higher compared to retrospective ones and readers could understand which studies have higher level of evidence. 2. Which is the prevalence of HCC patients in series of elderly patients undergoing hepatic resection? Which is the outcome of elderly patients undergoing resection for HCC compared to elderly patients operated for other malignancies? Authors should introduce this topic too. 3. The paragraph regarding hepatic functional reserve is not very clear. Authors state that functional reserve in elderly patients is the same as in young ones but it is not clear if this refers only to IGC-R5 test or even to other tools to evaluate liver function. 4. The presence of favourable prognostic factors (e.g. tumor capsule) was described in many studies. This finding may be interpreted in two ways: a) patients with less aggressive disease were candidates to surgery; b) HCC in elderly patients presents with less aggressive features. Could authors comment on this? 5. Studies reporting comparable or lower



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incidence of postoperative complications for elderly patients with HCC may had bias resulting from inclusion into surgical series of well selected patienst with favourable characteristics: could authors comment on this? In studies comparing outcome of elderly and young patients were preoperative characteristics comparable?