

ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 10125

Title: Evaluation of Preoperative Factors for Prognosis Value in Patient with Hepatocellular Carcinoma

Reviewer code: 00032726

Science editor: Ya-Juan Ma

Date sent for review: 2014-03-17 13:49

Date reviewed: 2014-03-27 09:27

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

COMMENTS TO AUTHORS

Currently, the surgical resection is one of the most effectively treatment for HCC. But the tumor recurrence has been the major obstacle after resection. It's a very useful study on clinical treatment for HCC. But there also have some flaws, either in study design or in data analysis, need to be addressed.

1. In patients' characteristics, the average of AFP level, PIVKA II or tumor numbers are not correct. The mean square deviation is not available in here. You can count the patients by positive and negative of AFP level, or use the median and quartile to descript these characteristics.
2. The structure of table 2, 3, 4 should be regulation. The variables should be grouped clearly and specifically, not like one group and its proportion in patients. The RR values must demonstrate in the exposure group.
3. In this study, the skills, experience of surgical resection and other patients' characteristics may contribute to the prognosis of resection, it is necessary to decrease these biases though any measures.
4. This paper should be more effectively in the discussion part, list the others' finding and what's the innovation in this study.
5. "A good prognosis" at the last sentence of your abstract is not appropriate, may be "an accurate prediction of prognosis" is better.
6. "segmentectomy" at results of patients' characteristics means partial lung resection. "Segmental liver resection" may be what you want to expressing.
7. The follow-up period of survival or death should be illustrated in table 4.

ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 10125

Title: Evaluation of Preoperative Factors for Prognosis Value in Patient with Hepatocellular Carcinoma

Reviewer code: 00043116

Science editor: Ya-Juan Ma

Date sent for review: 2014-03-17 13:49

Date reviewed: 2014-03-27 11:15

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 checked="" 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

Manuscript NO: 9638 Evaluation of Preoperative Factors for Prognosis Value in Patient with Hepatocellular Carcinoma Summary: Authors retrospectively analyzed the medical records of 298 HCC patients who underwent surgery with curative intent, and evaluated preoperative prognostic factors. They demonstrated that AFP, tumor size, SUV and RER are useful prognostic factors, and established a scoring system to predict outcome using these prognostic factors. They concluded that their scoring system is a good predictor for survival of HCC even when tumor size is larger than 5 cm. Comments: The investigation of prognostic factors of HCC is really important, and there have been a lot of papers on this subject. First, the strong point of this paper might be the number of patient (298 patients). Authors evaluated various markers (some of them were established markers), and concluded that their scoring system is a good predictor for survival of HCC even when tumor size is larger than 5 cm. However, this conclusion is not correct. According to their results, their scoring system didn't show significant value in HCCs < 5cm. This scoring system is effective only when the size of HCC is more than 5cm. And they didn't compare this scoring system with other prognostic markers in HCCs > 5cm, thus, we don't know how well this scoring system improve current management of HCC. Besides, I wonder if they have been able to use same MRI and PET scanner for 12 years (patients were collected from 2000 to 2012). And I have questions as following. 1. Page 2, line 13. What is "tumor biology". Please write more specific. 2. Page 2. In conclusion, authors wrote that it is possible to predict a good prognosis after surgery using our scoring system even in large size tumors. But according to their results, this scoring system was effective only in larger size tumor.

They cannot say “even in”. 3. Introduction. Authors might not need to write following sentence, because their study didn’t cover liver cirrhosis. “Most cases of hepatocellular carcinoma (HCC) are accompanied by liver cirrhosis.” 4. Authors didn’t explain the detail of method of PET. At least, following information are missing; (1) preparation of patients before PET exam (e.g. blood sugar level, etc), (2) which PET-CT machine was used, (3) dose of FDG, (4) the delay time after injection of FDG. Probably, their hospital has the standard protocol for PET, and they need to explain it in the method section. Even though this journal is not a radiological journal, authors must write these factors to assure reproducibility of their study. 5. Similarly, the method of CE-MRI is not adequate. What is the protocol of MRI in authors’ hospital? They didn’t indicate information such as dose of contrast material (CM), injection rate of CM, and delay time of arterial, portal, and hepatobiliary phase images. 6. Did authors measure SUVmax or SUVmean? 7. How many patient received PET and MRI? In method section, authors wrote that “almost all patients” received PET, and that “the majority of all candidates” received MRI. Because this is a scientific paper, I don’t recommend using “almost all” or “the majority of all”. 8. Gd-EOB-DTPA is a relatively new CM. Magnetom Verio is a 3T MRI (relatively new MRI). On the other hand, patients were collected from 2000 to 2012. I guessed patients at early 2000 were not eligible for this study. Please clarify. 9. Page 6, line 21. ROI of liver parenchyma. I can’t understand “using the same ROI size”. Did authors mean “using the same ROI as tumor ROI”? But authors wrote that the ROI of the liver parenchyma was drawn to include the liver parenchyma as much as possible. How did they draw ROIs of tumor and liver parenchyma? ROI setting is very important process in this kind of imaging analysis. 10. Please indicate mean (and range) of ROI size for tumor and normal liver parenchyma. 11. Who drew ROIs? How was the experience of person who drew ROIs? 12. Statistical

ESPS Peer-review Report**Name of Journal:** World Journal of Gastroenterology**ESPS Manuscript NO:** 10125**Title:** Evaluation of Preoperative Factors for Prognosis Value in Patient with Hepatocellular Carcinoma**Reviewer code:** 00054271**Science editor:** Ya-Juan Ma**Date sent for review:** 2014-03-17 13:49**Date reviewed:** 2014-04-21 15:02

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A (Excellent)	<input checked="" type="checkbox"/> Grade A: Priority Publishing	Google Search:	<input checked="" 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	<input type="checkbox"/> No records	publication
<input type="checkbox"/> Grade D (Fair)	language polishing	BPG Search:	<input type="checkbox"/> Rejection
<input 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

I reviewed with pleasure the manuscript entitled "Evaluation of preoperative factors for prognosis value in patient with hepatocellular carcinoma" submitted for publication in the WJG. This manuscript retrospectively reports a large monocentric experience of curative hepatic resection after HCC. This paper is well-written, original, and should be interesting for the readers of WJG. The only problem I have with this paper is the title. It should be mentioned that these prognostic factors were evaluated after curative liver resection. My advice is to name this paper: "Evaluation of prognostic factors of recurrence after curative resections for hepatocellular carcinoma".