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ESPS PEER REVIEW REPORT

Name of journal: World Journal of Gastroenterology
ESPS manuscript NO: 11762
Title: PROGNOSTIC VALUE OF 18F-FDG PET/CT IN LIVER TRANSPLANTATION FOR HEPATOCARCINOMA
Reviewer code: 00504778
Science editor: Yuan Qi
Date sent for review: 2014-06-03 20:10
Date reviewed: 2014-07-07 07:59

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

COMMENTS TO AUTHORS

Nice study with a novel idea. It is very well written.

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ESPS PEER REVIEW REPORT

Name of journal: World Journal of Gastroenterology
ESPS manuscript NO: 11762
Title: PROGNOSTIC VALUE OF 18F-FDG PET/CT IN LIVER TRANSPLANTATION FOR HEPATOCARCINOMA
Reviewer code: 01560482
Science editor: Yuan Qi
Date sent for review: 2014-06-03 20:10
Date reviewed: 2014-07-09 09:57

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

COMMENTS TO AUTHORS

This is an interesting article describing the prognostic value of FDG PET-CT for LT recipients with HCC, even though similar researches have been conducted in recent years. The author found that FDG PET-CT could be a useful tool to select HCC patients for LT. Some concerns and comments: 1. The author should provide the median interval and follow-up period rather than a mean value. Moreover, the interval between FDG PET/CT evaluation and LT ranged from 0 to 12 months with a mean interval of 4 months, and such a great heterogeneity might undermine the quality of the results obtained. 2. The sample size should be enlarged for conducting a multivariate analysis. 3. The author should clearly describe the oncological characteristics of this cohort, such as the tumor size (median, range), tumor number, vascular invasion, et al. 4. In Figure 2, 3, 4 and 5, the author should provide the patient number and the survival rate of each group. 5. The auther should clearly describe the pretransplant treatment in the study. 6. In Table 1, 15 patients had underlying viral liver diseases. Was that HBV or HCV? The author should clearly describe it. 7. The ROC curve of TSUVmax/LSUVmax for prediction of tumor recurrence should be provided.

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ESPS PEER REVIEW REPORT

Name of journal: World Journal of Gastroenterology
ESPS manuscript NO: 11762
Title: PROGNOSTIC VALUE OF 18F-FDG PET/CT IN LIVER TRANSPLANTATION FOR HEPATOCARCINOMA
Reviewer code: 02943640
Science editor: Yuan Qi
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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	[ ] Existing	[ ] High priority for publication
[Y] Grade C: Good	[ ] Grade C: A great deal of language polishing	[ ] No records	
[ ] Grade D: Fair	[ ] Grade D: Rejected	BPG Search:	[ ] Rejection
[ ] Grade E: Poor		[ ] Existing	[ ] Minor revision
		[ ] No records	[Y] Major revision

COMMENTS TO AUTHORS

This is a retrospective study based on a limited number of patients. Although study findings are only confirmatory of previous reports (Yong SH, Liver Transplantation 2006; Kornberg A, Liver Transplantation 2012), these data are original thanks to the well-defined selection of HCC patients prior to any neoadjuvant therapy. To improve the paper, I request the following revisions/corrections: 1) Authors should definitely show the results of the ROC analysis (with AUC) which allowed to establish the cut-off of RSUVmax = 1.15. If those results are not available, Authors should make a clear reference to the study of Lee WJ, Journal of Nuclear Medicine 2009, regarding the determination of the best prognostic factor on PET/CT. 2) The main study finding is that PET/CT might be useful for the biological staging of HCC patients who are Milan OUT at presentation. Please, highlight even more this point in the Discussion and stress also the point that PET/CT is much less informative in Milan IN patients (according to data shown). 3) Figure 3 should be removed because it is misleading and conveys a wrong message: the lack of a significant difference between Milan IN and Milan OUT patients is only due to the small number of patients included. 4) All Figures should strongly benefit from the addition of the number of subjects at risk (time 0 and then yearly). Indeed, the numerosity of study groups and subgroups helps readers to judge on the solidity of conclusions. Minor points are the following: - Abstract: please, correct the overall survival at 5 years, which is 70.6 %, not 77.4%; add 'RSUVmax' before 1.15 in the conclusions - Core Tip: add 'tumor/liver

maximum activity ratio' before 1.15 - Results: please, provide a definition for what 'avid' means before using the term - Discussion: remove 'pretransplant radiologic' where Milan criteria are explained; they were derived from explant histology, only subsequently they were used in the pre-LT radiological imaging - Figure Legend 2: add 'RSUVmax' before 1.15 - Table 1: add 'n=27'; specify when AFP levels and Milan criteria status were evaluated (at diagnosis? at listing? at LT?) - Table 2: specify that those are results of univariate analysis; use a better terminology for the grade of differentiation (eg, low grade, intermediate grade, high grade)