

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 15420

Title: Poor Oncologic Outcomes in Hepatocellular Carcinoma Patients with Intra-Abdominal Infection after Hepatectomy

Reviewer's code: 02992496

Reviewer's country: China

Science editor: Yuan Qi

Date sent for review: 2014-11-26 09:49

Date reviewed: 2014-12-02 23:01

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	PubMed Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<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"/> Duplicate publication	<input type="checkbox"/> Rejection
<input checked="" type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input type="checkbox"/> Plagiarism	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input checked="" type="checkbox"/> No	<input type="checkbox"/> Major revision
		BPG Search:	
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

COMMENTS TO AUTHORS

COMMENTS TO THE AUTHOR(S) In this paper, Ruan, et al. have described that Poor Oncologic Outcomes in Hepatocellular Carcinoma Patients with Intra-Abdominal Infection after Hepatectomy. This finding is considered as something new, however, I cannot accept this manuscript for following reasons. Major comments 1. Definition of "infection" is not clear. Diagnosis of "infection" is difficult except blood culture, because isolation of microorganism does not always mean pathogenic infection, that depends on the bacterial species, including normal bacterial flora. This manuscript does not include what kind of bacteria was separated, so the justification of "Intra-Abdominal infection" cannot be evaluated. 2. Why choose the NLR on the 7th day after surgery? 3. Intra-abdominal infection occurs in the early or late period after surgery? The author should show the time of intra-abdominal infection, for example, in the early three months after surgery or.... 4. From Table 2, the author considered multiple infection as intra-abdominal infection. From Table 1, multiple infection had 7 patients, accounting for 28% (7/25) of Intra-abdominal infection. So the conclusion, intra-abdominal infection adversely affected oncologic outcomes, is not reliable. 5. In this sentence"



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In further analysis, there were significantly increased incidences of postoperative intra-abdominal infection in patients with hepatic cirrhosis ($p=0.028$), concomitant splenectomy ($p=0.007$) and vascular invasion ($p=0.026$) (Table 2)", the author should analyze risk factors of intra-abdominal infection in the Multivariate analysis, not only in the Univariate analysis. 6. In the discussion, "Postoperative NLR change was an independent factor for tumor recurrence." From Table 3, we can conclude that postoperative NLR change was an independent factor predictor for recurrence free survival (RFS) not the tumor recurrence.



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Name of journal: World Journal of Gastroenterology

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<input type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input type="checkbox"/> High priority for publication
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<input type="checkbox"/> Grade E: Poor		<input checked="" type="checkbox"/> No	<input type="checkbox"/> Major revision
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		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

COMMENTS TO AUTHORS

The authors provide data to demonstrate that postoperative intra-abdominal infection and postoperative NLR change are prognostic indicators for HCC patients with curative surgery. Basically, this study is overall interesting and well-written. The following issues should be considered: When trying to identify risk factors of HCC recurrence, the mechanisms underlying recurrence should be considered because different risk factors might be caused by different underlying mechanisms. In general, two mechanisms may lead to intrahepatic recurrence in patients who underwent hepatic resection for HCC, i.e. the growth of undetectable, intrahepatic metastases and multicentric liver carcinogenesis. It is considered that early recurrences are mainly based on growth of small tumors, and late recurrences are caused carcinogenesis. In this study, intra-abdominal infections and NLR changes could be the risk factor for early or late recurrence? The authors indicated that intra-abdominal infection had significant correlation with hepatic cirrhosis, concomitant splenectomy, and vascular invasion. Does delta-NLR have correlation with any clinicopathological factors?



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		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

COMMENTS TO AUTHORS

It is an interesting paper. The author studied the 200 HCC patients who underwent curative hepatectomy in their institution retrospectively. And they found that postoperative neutrophil-to-lymphocyte ratio change might be an independent predictor for tumor recurrence of the hepatocellular carcinoma. The outline is organized clearly and the manuscript is written well. However, a few comments need to be addressed before it can be published.

1. The intro-abdominal infection mentioned in the article is a little higher in those patients with larger tumor diameters and vascular invasion, Should this influence the results?
2. Could the author mention the type and the main cause of the intro-abdminal infection?