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ESPS PEER REVIEW REPORT

Name of journal: World Journal of Gastroenterology
ESPS manuscript NO: 12849
Title: Significance of platelet count and platelet-based models for hepatocellular carcinoma recurrence
Reviewer code: 02540301
Science editor: Su-Xin Gou
Date sent for review: 2014-07-30 08:11
Date reviewed: 2014-08-07 05:49

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
[ ] Grade C: Good	[ ] Grade C: A great deal of language polishing	[ ] No records	
[Y] Grade D: Fair		BPG Search:	[ ] Rejection
[ ] Grade E: Poor	[ ] Grade D: Rejected	[ ] Existing	[ ] Minor revision
		[ ] No records	[Y] Major revision

COMMENTS TO AUTHORS

MS: 12849_ Reviewer comments

I would like to commend the authors on trying to explore the complicated issue of predicting HCC recurrence and identifying platelet based indices as a possible tool. I have reviewed the manuscript and appreciate the work that the authors have put into this.

My comments are as below:

General comments:

The authors have tried to highlight an important and emerging topic of research by retrospectively studying their patient population.

Unfortunately, I believe the retrospective nature of their study may have resulted in some statistical errors which may affect the results.

The authors conclude that both plt counts > 145, and high platelet based indices both adversely affect HCC recurrence.

However, the indices that the authors have shown to adversely predict HCC recurrence all have an inverse relationship of platelets to risk of recurrence as against a direct relation of plt > 145 to HCC recurrence. The authors have not explained this dichotomy but it could result from using to study too many variables in a smaller sample size (30 variables/172 patients).

Looking at Table 2, I congratulate the authors that most of their patients did not have cirrhosis and

were candidates for resection but as they have illustrated that patients with larger tumors had more recurrences- another corollary to this is that- pts' without cirrhosis often have larger tumor sizes which may be associated with higher platelets and consequently higher risk of recurrence. The authors have also alluded to this when they found that in cirrhotics the platelet count was not a significant factor in predicting recurrence.

Again in table 2, the survival for the whole population is 52 months, while that for the recurrence group is 23 months and that for the no recurrence group is 39 months- this suggests that there may be some outliers and the authors may be better served looking at IQR for survival.

Finally in Table 2, the mortality in the no recurrence group is 81% compared to 10% in the recurrence group- does it mean that people without recurrence were dying earlier due to their primary tumor and therefore could not be followed long enough?

A scatter plot comparing platelet values to survival would be helpful.

On similar lines, the Kaplan Meir curves should come with the patients at different time intervals to see a large # of people had dropped off after the first year.

Looking at Supplementary table 1, as the authors have pointed out- none of the indices are strong predictors and will have a low +ve and –ve predictive value in the clinical setting.

I do not agree with the conclusion "regular tesing PLT level and maintaining it at a normal range, is supposed to be pivotal to get a favorable outcome"- I did not see any evidence to that regard being presented.

Conclusion: I feel that there may be a signal that high platelet levels may predict recurrence especially in non cirrhotics however to prove that the authors may need to divide the groups based on tumor size and cirrhosis and compare them across a fewer variables.

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no

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ESPS PEER REVIEW REPORT

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Title: Significance of platelet count and platelet-based models for hepatocellular carcinoma recurrence
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CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
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COMMENTS TO AUTHORS

The authors have studied platelet (plt) based indices whicg may predict HCC recurrence. First of all the strong side of study is the researchers explored many accepted plt based indiced. The weak side of the research is relatively small study population. There are two points which should be explained. 1.In table 2, the authors mentioned that the survival for the whole population is 52 months, while that for the recurrence group is 23 months and that for the no recurrence group is 39 months. Is there a mistake? It should be explained. 2. In discussion part, the researchers conclude that both platelet counts > 145, and high platelet based indices both adversely affect HCC recurrence.However, the plt based indices which adversely predict HCC recurrence have an inverse relationship of platelets to risk of recurrence as against a direct relation of plt > 145 to HCC recurrence. The authors should explained this dichotomy in a detailed manner. 3.English grammary mistakes should be corrected.

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ESPS PEER REVIEW REPORT

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[ ] Grade E: Poor		[ ] Existing	[ ] Minor revision
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COMMENTS TO AUTHORS

The manuscript by Pang et al., describes the platelet count and eleven platelet-based indices as predictors for the post-operative recurrence of HCC. Although the authors would like to propose a biomarker as a predictor for post-operative recurrence of HCC, there is lack of the precise grouping among patients. In this way, the statistics may vary depending on how the grouping is made. Some concerns have to be clearly addressed before it further consideration. The specific comments are as follow: 1. If taking cirrhosis and tumor size into consideration, do the results still support the conclusion provided by the authors? 2. In table 2, the authors addressed that the survival for the whole population is 52 months, whereas that for the recurrence-group is 23 months and that for the no recurrence-group is 39 months, which seems unreasonable. Please explain it. 3. The authors conclude that platelet>145 and high platelet-based indices inversely correlated the HCC recurrence. However, the indices proposed have inverse relationship to that of platelet to recurrence, which seems conflicting. Please explain it.