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ESPS PEER REVIEW REPORT

Name of journal: World Journal of Gastroenterology
ESPS manuscript NO: 15223
Title: Ascites and Alfa-Fetoprotein Improve Prognostic performance of BCLC for Hepatocellular Carcinoma
Reviewer code: 01852833
Science editor: Jing Yu
Date sent for review: 2014-11-17 11:45
Date reviewed: 2014-12-03 09:02

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	[Y] Minor revision
		[ ] No records	[ ] Major revision

COMMENTS TO AUTHORS

The work described by Asmaa I Gomaa et al. assess whether adding ascites and AFP to BCLC can improve prediction of survival in stages A and B HCC patients.Their data suggest among stage A patients, 18% had ascites, 33% had AFP≥200ng/ml and 8% had both. Their median survival in presence of ascites was shorter if AFP was ≥200ng/ml, and in the absence of ascites, patients with AFP ≥200ng/ml had shorter survival. For stage B patients, survival for similar groups was 12, 18, 19 and 22 months. The 1-, 2-, and 3- year survival for stage A patients without ascites and AFP<200 ng/ml was 94%, 77% and 71%, and for patients with ascites and AFP≥200 ng/ml was 83%, 24%, and 22% respectively. Adding ascites and AFP ≥200 ng/ml improved the discriminatory ability for predicting prognosis. These findings indicate adding AFP and ascites to the BCLC staging classification can improve predicting patients' prognosis at earlier stages of HCC. The work is interesting, but some issues need to be improved for the final manuscript. 1) The figures were poorly made, especially figure 2 and figure 3, the authors should pay attention to improve the quality of them. 2) the lack of early stage patients is a shortage, the authors should increase the number of observed patients. 3) The introduction of the paper is not comprehensive enough, the authors can refer to the other paper [PMIDs: 25074882, 23506690, 24666672]

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ESPS PEER REVIEW REPORT

Name of journal: World Journal of Gastroenterology
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CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
[ ] Grade A: Excellent	[ ] Grade A: Priority publishing	Google Search:	[ ] Accept
[Y] 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	
[ ] Grade D: Fair		BPG Search:	[ ] Rejection
[ ] Grade E: Poor	[ ] Grade D: Rejected	[ ] Existing	[Y] Minor revision
		[ ] No records	[ ] Major revision

COMMENTS TO AUTHORS

1.The result part of abstract is not detailed in several locations. 2.The BCLC stage include Child-Pugh classification , ascites is a parameter of Child-Pugh classification . Is it appropriate to add ascites as a independent parameters of the BCLC stage? 3.What is the standard to judge clinically detectable large ascites or mild ascites in the study？ 4.Which parameters of the comparative results is “P<0.001” in table 5? 5. What is the possible mechanisms of AFP and ascites discriminate patients to subclasses with significantly different prognosis? Can you increase relative mechanisms in the discussion?