

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 15840

Title: Radioembolisation and portal vein embolization before resection of large hepatocellular carcinoma

Reviewer's code: 02992398

Reviewer's country: South Korea

Science editor: Ya-Juan Ma

Date sent for review: 2014-12-12 10:51

Date reviewed: 2014-12-31 10:59

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

COMMENTS TO AUTHORS

Congratulation for good result of advanced HCC.

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 15840

Title: Radioembolisation and portal vein embolization before resection of large hepatocellular carcinoma

Reviewer's code: 00070913

Reviewer's country: China

Science editor: Ya-Juan Ma

Date sent for review: 2014-12-12 10:51

Date reviewed: 2014-12-29 12:37

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	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"/> The same title	<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"/> Duplicate publication	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		BPG Search:	<input type="checkbox"/> Major revision
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

COMMENTS TO AUTHORS

This is case report documenting the use of yttrium therapy for a patient with advanced liver cancer. This demonstrated that down staging is feasible in some of the patients. There main challenge for operating on these type of patients are post irradiation adhesion and liver function derangement. The authors should provide more details on the operation findings eg. the operation time, blood loss, transfusion requirement and weather there is presence of adhesion.

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 15840

Title: Radioembolisation and portal vein embolization before resection of large hepatocellular carcinoma

Reviewer's code: 03022391

Reviewer's country: United States

Science editor: Ya-Juan Ma

Date sent for review: 2014-12-12 10:51

Date reviewed: 2015-01-03 07:10

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

COMMENTS TO AUTHORS

"Preoperative strategy for resection of hepatocellular carcinoma" describes successful treatment of a large HCC in the setting of cirrhosis by using sequential TARE and PVE prior to resection. This case report is novel and worth reporting in the literature, although some revisions are needed. 1) There are 10 authors listed on a case report, with most authors listed as contributing through "data collection." Please be sure that all authors have contributed significantly to this report. 2) Please comment on the clinical importance of the FRL/TLV ratio and FRL/TLV-tumor volume. For example, many consider the minimal volume of the FRL required for resection to be 20% of the TLV, with higher numbers needed in the setting of chronic liver disease (>40%). In your case, you increased the FRL/TLV from 17% to 27%. Are there data to show that this is a clinically significant increase (please cite)? 3) In your discussion, please address possible ill effects of this proposed treatment (accelerated tumor growth following TARE and PVE, etc). 4) Further grammatical proof-reading is needed, focusing on misuse of prepositions. The way you have written the post-op labs is confusing and should be clarified. The last reference is not cited correctly in the paper. 5) If "blood tests and



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liver function" were normal in this patient prior to the procedure, why did you suspect cirrhosis? Does this mean normal INR, platelet ct, Hgb with a MELD of 7? If not, please clarify. 6) Mention the LI-RADS classification on imaging (LI-RADS 5 lesion) and BCLC staging of the HCC in the case description.