

ESPS PEER REVIEW REPORT

Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 10157

Title: Optimal Duration of the Early and Late Recurrence of Hepatocellular carcinoma After Hepatectomy Based on the Difference in the Prognosis

Reviewer code: 00039518

Science editor: Ya-Juan Ma

Date sent for review: 2014-03-17 13:43

Date reviewed: 2014-03-28 04:29

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input checked="" type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
<input checked="" type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> Existing	<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"/> No records	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	BPG Search:	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input type="checkbox"/> Existing	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

COMMENTS TO AUTHORS

The paper "Optimal Duration of the Early and Late Recurrence of Hepatocellular carcinoma After Hepatectomy Based on the Difference in the Prognosis" shows that 17 months is the optimal cut-off value for differentiating early and late recurrence after hepatectomy for hepatocellular carcinoma based on the overall survival after initial recurrence. The approach to the problem that is the object of the study is quite original and the paper is well written; however, some questions should be answered: 1) Thirty two patients were resected after HCC recurrence; were there patients with early recurrence in this group? If the answer is yes, the hypothesis of the early recurrent tumor as metastasis of the first tumor could be reinforced if the initial and recurrent tumors show the same histological grading; the Authors should provide and comment this information. 2) Poor differentiation grading at histological examination, microvascular invasion, satellitosis and anatomical/non anatomical resection have all been identified as strong risk factors for early HCC recurrence in previous studies; why the Authors did not include these parameters in their analysis of risk factors for recurrence? It is not clear to me if the parameter portal invasion, identified as a significant risk factor for early recurrence, refers to macrovascular invasion or to microvascular invasion detected on the surgical specimen. 3) Cirrhosis was detected as the only independent factor linked to late recurrence; it could be interesting to evaluate if the occurrence of late recurrence was significantly different according to the different etiologies of cirrhosis. 4) There are some



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studies showing that interferon treatment after curative resection or ablation of HCC in HCV-related cirrhotics prevents HCC recurrence and improves survival (Singal AK, Aliment Pharmacol Ther 2010). In the Discussion session, when dealing about the secondary prevention of HCC recurrence after resection of the first tumor, the Author should cite and discuss these studies . 5) Child-Pugh C patients are not candidates to liver resection; however, in this series there are 2 Child Pugh C patients; the Authors should explain why these patients were resected.