

## ESPS PEER REVIEW REPORT

**Name of journal:** World Journal of Gastroenterology

**ESPS manuscript NO:** 13158

**Title:** Outcome of salvage surgery following downstaging unresectable hepatocellular carcinoma using multimodal treatment

**Reviewer code:** 00057695

**Science editor:** Ya-Juan Ma

**Date sent for review:** 2014-08-09 15:56

**Date reviewed:** 2014-08-14 02:56

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	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 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

This retrospective study looks at the efficacy and safety of transarterial chemoembolization (TACE)-based multimodal treatment in 146 patients with huge (>10 cm) hepatocellular carcinoma (HCC). The manuscript is within the scope of the journal. It is well-written, clear, concise and well referenced. I have the following comments: 1. Abstract, Results section: why the number of patients became 149?! Also instead of "the remaining 27 patients received conservative management", rephrase to 'another 27 patients received ...'. This makes the total number of the studied patients with large HCC 173. Hence, this should be changed throughout the text. 2. Page 7, under Therapeutic Modalities: change 'radiologic oncologist' to 'radiation oncologist' or 'radiation therapist'. Why medical oncologist was not involved?

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**Title:** Outcome of salvage surgery following downstaging unresectable hepatocellular carcinoma using multimodal treatment

**Reviewer code:** 00035938

**Science editor:** Ya-Juan Ma

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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 checked="" 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

General comments: Song and coworkers present an important, retrospective study on the outcome of TACE in 146 patients with large HCC, defined as >10 cm tumour diameter. Most patients underwent multimodal treatment, a small subgroup could be downstaged to receive salvage surgery or transplantation. The data are well presented and the discussion is balanced. The statistic methods are appropriate. A few numbers need to be corrected. Minor comments: The numbers in the abstract do not add up. 146 patients were included, but 149 underwent TACE and 27 conservative management. Please clarify. Please state very clearly the characteristic of the conservative group: The conservative group included only patients refusing TACE, not patients with poor performance status who were unfit for any treatment? Please also state in the methods that the conservative group did not receive sorafenib. What were the criteria used for liver transplantation? The title is slightly misleading as the article focuses on the general TACE outcome in large HCC and only 20 (15+5) patients underwent resection or transplantation after downsizing as stated under treatment response. However, in figure 1 only 17 patients are mentioned undergoing resection or transplantation. Why is the survival curve for the conservative group different in A and B despite the same scale of the

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**Title:** Outcome of salvage surgery following downstaging unresectable hepatocellular carcinoma using multimodal treatment

**Reviewer code:** 00032933

**Science editor:** Ya-Juan Ma

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CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	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 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

This retrospective study collected consecutive series of 146 treatment naïve cases with HCC greater than 10 cm. Diagnosis and Treatment of each case was reviewed and decided by HCC tumor board team. In general multi-modal treatment could be applied to these cases if suitable. They found that 17 cases were down staged and received surgical resection. This group showed the best survival while those not received any treatment showed the worst outcome. Comments: Abstract: case number was miscounted. How many patients really refused treatment rather than unable to treat decided by HCC tumor board. Were there any different pretreatment factors between surgical and non-surgical treatment groups? Both DBE and sorafenib were not used in this study. The paragraph in discussion section about these therapies may be deleted. Please add a brief discussion about severe complication, such as liver abscess development, after TACE for giant HCC. Table 3: Please add case number to each treatment group. Please also add p-value to this table. Table 6 may be deleted and described in the text.