

## ESPS PEER-REVIEW REPORT

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

**ESPS manuscript NO:** 23636

**Title:** Application of cystoscope in surgical treatment of hepatocellular carcinoma with portal vein tumor thrombus

**Reviewer's code:** 02861252

**Reviewer's country:** Turkey

**Science editor:** Yuan Qi

**Date sent for review:** 2015-12-07 09:56

**Date reviewed:** 2015-12-21 06:06

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input checked="" type="checkbox"/> Grade A: Priority publishing	Google Search:	<input checked="" type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input 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"/> Plagiarism	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input checked="" type="checkbox"/> No	<input type="checkbox"/> Major revision
		BPG Search:	
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

## COMMENTS TO AUTHORS

Its really good idea.

## ESPS PEER-REVIEW REPORT

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

**ESPS manuscript NO:** 23636

**Title:** Application of cystoscope in surgical treatment of hepatocellular carcinoma with portal vein tumor thrombus

**Reviewer's code:** 02861131

**Reviewer's country:** Moldova

**Science editor:** Yuan Qi

**Date sent for review:** 2015-12-07 09:56

**Date reviewed:** 2016-01-04 06:30

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 type="checkbox"/> Plagiarism	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input checked="" type="checkbox"/> No	<input type="checkbox"/> Major revision
		BPG Search:	
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

## COMMENTS TO AUTHORS

Manuscript Number: 23636 Manuscript Title: APPLICATION OF CYSTOSCOPE IN SURGICAL TREATMENT OF HEPATOCELLULAR CARCINOMA WITH PORTAL VEIN TUMOR THROMBUS.

Comments to Authors GENERAL COMMENTS (1) The importance of the research and the significance of the research contents; Hepatocellular carcinoma (HCC) is the third most common cause of cancer-related death worldwide. (1) Portal vein thrombosis (PVT) is a common complication of HCC, which is associated with a poor prognosis. Patients with PVT are more likely to have metastatic disease at diagnosis, have fewer therapeutic options, and have shortened overall survival compared to patients without PVT. Resection for patients with major vascular invasion is described as controversial, but may be considered. Surgical resection is often technically infeasible in patients with PVT, and is associated with poorer outcomes. Hepatic resection with curative intent is controversial and infrequently employed in American and European centers, but may offer favorable overall survival in selected patients, especially those with branch portal vein involvement and good liver function. The Hong Kong Liver Cancer (HKLC) staging system (2) separates extrahepatic from

intrahepatic vascular invasion, and generally recommends aggressive management of early and intermediate disease. Surgical resection for HCC with PVT is frequently employed across Asia (3), where hepatitis B is more common as a predisposing risk factor and patients tend to have better underlying liver function. The authors of this article have been evaluated the case report which describe the application value of cystoscope in surgical treatment of HCC with portal vein tumor thrombus. The importance and significant of the research contents is high, because those patients who have HCC with portal vein tumor thrombus, involving a branch portal vein have small amount of therapeutic options and "... ensuring the complete removal of tumor thrombus during operation is critical to improve the prognosis..". Thrombus involving the main portal vein is a worse prognostic factor than thrombus involving a branch portal vein (4) and examination of cavity of main portal vein after thrombectomy is essential for improving the outcome. 2) The novelty and innovation of the research; Li N et al. present the case of application of cystoscope in surgical treatment of hepatocellular carcinoma with portal vein tumor thrombus as an effective, safe, simple technique for ensuring the complete removal of tumor thrombus, which could provide a substitution of intravascular endoscope to visualize the cavity of portal vein. The novelty of the research represents the idea that this technic could achieve sufficient examination the cavity of portal vein, eliminated the possibility of residual and scattered macroscopic tumor thrombus in portal vein, and further ensured the curability of thrombectomy. (3) Presentation and readability of the manuscript; Case report is well organized. (4) Ethics of the research. The study was reviewed and approved by the Institutional Review Board of Eastern Hepatobiliary Surgery Hospital and written informed consent was obtained from the patient for this research. Bibliography 1. Forner A, Llovet JM, Bruix J Hepatocellular carcinoma. *Lancet*. 2012 Mar 31; 379(9822):1245-55. 2. Yau T, Tang VY, Yao TJ, Fan ST, Lo CM, Poon RT. Development of Hong Kong Liver Cancer staging system with treatment stratification for patients with hepatocellular carcinoma. *Gastroenterology*. 2014 Jun; 146(7):1691-700.e3. 3. Omata M, Lesmana LA, Tateishi R, Chen PJ, Lin SM, Yoshida H, Kudo M, Lee JM, Choi BI, Poon RT, Shiina S, Cheng AL, Jia JD, Obi S, Han KH, Jafri W, Chow P, Lim SG, Chawla YK, Budihusodo U, Gani RA, Lesmana CR, Putranto TA, Liaw YF, Sarin SK. Asian Pacific Association for the Study of the Liver consensus recommendations on hepatocellular carcinoma. *Hepatol Int*. 2010 Mar 18; 4(2):439-74. 4. Lau WY, Sangro B, Chen PJ, Chen