

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 27400

Title: Development of a prognostic scoring system for resectable hepatocellular carcinoma

Reviewer's code: 03479459

Reviewer's country: Italy

Science editor: Jing Yu

Date sent for review: 2016-05-30 16:15

Date reviewed: 2016-06-03 01:40

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 checked="" 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 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 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

The Authors submitted a retrospective study, proposing a new scoring system for resectable hepatocellular carcinoma. The study is interesting and through a sophisticated statistical analysis of a large group of patients, provides a demonstration of the possibility to expand the obsolete EASL/AASLD guidelines. Statistical analysis is complex and may be hostile to the reader, however it appears to be accurate, providing very interesting results.

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 27400

Title: Development of a prognostic scoring system for resectable hepatocellular carcinoma

Reviewer's code: 03479773

Reviewer's country: Japan

Science editor: Jing Yu

Date sent for review: 2016-05-30 16:15

Date reviewed: 2016-06-07 00:45

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

The authors aimed at developing a new prognostic scoring system for overall survival of patients undergoing liver resection for hepatocellular carcinoma. In this retrospective study, they compared their system to the EASL/AASLD surgical criteria by means of Harrell's C statistics and concluded that their new system can expand surgical eligibility with no harm on survival. There are some concerns about the strict indication criteria for liver resection in EASL/AASLD guidelines and due to the lack of donor organs, further expansion of surgical eligibility is needed. The topic is important and this is a well-organized study. Just a minor revision will help this report to be more acceptable. 1. The authors should show recurrence free survival, the sites of recurrences and the treatments after recurrences in each cohort of the patients.