



ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 29109

Title: Preoperative albumin level is a marker of alveolar echinococcosis recurrence after hepatectomy

Reviewer’s code: 03320801

Reviewer’s country: Japan

Science editor: Yuan Qi

Date sent for review: 2016-08-02 20:05

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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 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 type="checkbox"/> Plagiarism	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input 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 type="checkbox"/> No	

COMMENTS TO AUTHORS

This is a single-center retrospective study of 68 patients who underwent liver resection for alveolar echinococcosis (AE). The authors found that preoperative albumin level is a significant risk factor for recurrence of AE. This is an interesting result from highly experienced European center for AE. I have only several minor comments. 1. The running title “recurrent alveolar echinococcosis” should be modified. 2. How about hemoglobin or serum bilirubin level, if available? 3. Which version of GraphPad Prism? and SPSS? were used? 4. In introduction, “Potential predictive blood markers should be easy to measure and interpret. This is why more sophisticated inflammatory proteins, such as IL-6 or lactates, were not taken into account in this study.” may not be correct. It should be removed. 5. In discussion, the authors frequently compared hepatocellular carcinoma with AE, however, I think the two diseases are different. Comparing with the results of cholangiocarcinoma patients who do not have underlying liver disease may be more appropriate. 6. How frequently were the patients followed up postoperatively after the one month check-up? And please explain in detail how albumin can help guide the postoperative follow-up of AE in discussion.



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Name of journal: World Journal of Gastroenterology

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Title: Preoperative albumin level is a marker of alveolar echinococcosis recurrence after hepatectomy

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CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
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<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 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 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 type="checkbox"/> No	

COMMENTS TO AUTHORS

The authors have investigated 68 patients who underwent hepatectomy for liver echinococcosis and concluded that preoperative serum albumin level is a predictor for liver recurrence. Because of the rare cases, their study is unique. However, there are many queries in this study, which should be responded in the revised manuscript. The queries are shown as the followings: 1. Because of the rare cases, only 9 cases had recurrent AE, thus, comparison of small number of recurrent cases and non-current cases may be not so clinically important in spite of statistically significant higher recurrence in patients with low serum albumin level and histological positive resection margin (independent predictor). Therefore, the authors should indicate the liver resection strategy for AE in the “Patients and Methods” section. Who performed liver resection during the 24-year study period? Because “serum albumin level” is also a factor of Child-Pugh classification. Surgeons may be not select patients with low albumin level for hepatectomy. Thus, the authors’ conclusion may be not possible if surgeons do not select patients with hypoalbuminemia for operation. Moreover, are there any resection strategy change between the early and the late period? When was the major or minor



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hepatectomy done? Since this is a retrospective study and the study period is very long(24 year), there may be some changes in surgery in this period. 2. In table 1, univariate analysis should show the actual disease-free (DF) survival data (for example, median DF time, or 1,3,5-year DF survival rate) with a "P-value" instead of the presenting HR, and 95% CI. It will be more convenient for readers to understand the actual results of each variable. In addition, is there any definition fo "portal vein invasion" of AE in table 1? 3. Using ROC curve, the authors proposed that serum albumin level 37.5 g/l is a good cut-off value, the sensitivity 94.5% and specificity 75%. However, the authors should also provide the "predictive value of positive", "predictive value of negative " and "accuracy" of the study. 4. How about "overall survival rate" of AE with or without recurrence? How about the further managements for AE patients with recurrence? Why OS in recurrent cases was longer than that in non-recurrent cases. 5. In survival rate, calculation, the operative death should be not included. Moreover, in the recent studies of liver resection. It would be better to use 90-day mortality. 6. The authors should explain the possible mechanism of preoperative lower albumin level had higher recurrent rate. Moreover, as a small case number to be a independent predictor of early AE recurrence, I think that change as "Preoperative hypoalbuminemia is associated with early recurrence of AE after hepatectomy". In addition, if surgeons supply "albumin" to patients with low albumin level before operation, how do the authors think using this policy?