



PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

Manuscript NO: 52998

Title: The Modified Child-Pugh Grade vs the Albumin-Bilirubin Grade for the Prognosis of Hepatocellular Carcinoma Patients after Hepatectomy

Reviewer's code: 02584466

Position: Peer Reviewer

Academic degree: MD

Professional title: Emeritus Professor

Reviewer's country: United States

Author's country: China

Reviewer chosen by: Artificial Intelligence Technique

Reviewer accepted review: 2019-11-29 17:20

Reviewer performed review: 2019-11-30 19:00

Review time: 1 Day and 1 Hour

SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION	PEER-REVIEWER STATEMENTS
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	<input type="checkbox"/> Accept	Peer-Review:
<input checked="" type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language	(High priority)	<input checked="" type="checkbox"/> Anonymous
<input type="checkbox"/> Grade C: Good	polishing	<input type="checkbox"/> Accept	<input type="checkbox"/> Onymous
<input type="checkbox"/> Grade D: Fair	<input checked="" type="checkbox"/> Grade C: A great deal of	(General priority)	Peer-reviewer's expertise on the
<input type="checkbox"/> Grade E: Do not	language polishing	<input type="checkbox"/> Minor revision	topic of the manuscript:
publish	<input type="checkbox"/> Grade D: Rejection	<input checked="" type="checkbox"/> Major revision	<input type="checkbox"/> Advanced
		<input type="checkbox"/> Rejection	<input checked="" type="checkbox"/> General
			<input type="checkbox"/> No expertise
			Conflicts-of-Interest:
			<input type="checkbox"/> Yes
			<input checked="" type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS



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This retrospective study concluded that the modified Child-Pugh scoring system was superior to the albumin-bilirubin scoring system as a predictor of the outcomes (overall survival, survival without recurrence) of resection of hepatocellular carcinoma. This is a very important topic and the findings of the study could impact the selection for surgery of the patients with this disease. However, the discriminatory power of both scoring systems, at AUC areas between 0.594 to 0.659 (Figure 3), are weak, underlying the need for efforts to develop better scoring systems. I suggest that the authors should add a comment addressing this point. Also, the presentation of this report needs improvement. I will list a few examples: (a) Core tip, 1st sentence: Change "We discovered only a few studies have evaluated..." to "We discovered that only a few studies have evaluated..." (b) Core tip, last sentence: Change "The MCP grade may conducive to the selection..." "The MCP grade may be the best tool for the selection..." (c) Introduction, first sentence. This sentence is not clear. Specifically, it is not clear what is second and what is fifth. Making two sentences, one addressing the frequency of HCC, and the second sentence addressing the frequency of death from HCC should clarify this issue. (d) Results, patient characteristics, 2nd sentence, "With a median follow-up time of 36 months." This sentence has no verb. (e) Results, comparison of the characteristics of three groups in ALBI grade and MCP grade. I suggest that the whole paragraph is restructured as follows, to make it clearer: "Statistically significant differences between the three groups in each grade were found for the following variables: in the MCP grade groups for gender ($P = 0.038$), BMI ($p = 0.008$), ALT ($P = 0.026$), C-P grade ($P < 0.001$), BCLC ($P = 0.01$), blood transfusion ($P = 0.045$), and surgical bleeding ($P = 0.019$), in addition to prealbumin, albumin, total bilirubin, and prothrombin time (all at $P < 0.001$) that are included in this grade; in the ALBI grade groups, for INR ($P = 0.012$), Child-Pugh grade ($P < 0.001$), BCLC stage ($P = 0.013$), number of tumours ($P = 0.008$), tumour size ($P = 0.049$), blood transfusion ($P = 0.006$),



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and types of liver resection ($P = 0.011$), in addition to prealbumin, albumin, total bilirubin, and prothrombin time (all at $P < 0.001$) that are the variables included in this grade (Supplementary Table 1).

INITIAL REVIEW OF THE MANUSCRIPT

Google Search:

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Name of journal: World Journal of Gastroenterology

Manuscript NO: 52998

Title: The Modified Child-Pugh Grade vs the Albumin-Bilirubin Grade for the Prognosis of Hepatocellular Carcinoma Patients after Hepatectomy

Reviewer's code: 03002477

Position: Editorial Board

Academic degree: MD

Professional title: Associate Professor

Reviewer's country: Turkey

Author's country: China

Reviewer chosen by: Artificial Intelligence Technique

Reviewer accepted review: 2019-12-03 20:59

Reviewer performed review: 2019-12-06 19:59

Review time: 2 Days and 22 Hours

SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION	PEER-REVIEWER STATEMENTS
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	<input type="checkbox"/> Accept	Peer-Review:
<input checked="" type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language polishing	(High priority)	<input checked="" type="checkbox"/> Anonymous
<input type="checkbox"/> Grade C: Good		<input type="checkbox"/> Accept	<input type="checkbox"/> Onymous
<input type="checkbox"/> Grade D: Fair	<input checked="" type="checkbox"/> Grade C: A great deal of language polishing	(General priority)	Peer-reviewer's expertise on the topic of the manuscript:
<input type="checkbox"/> Grade E: Do not publish	<input type="checkbox"/> Grade D: Rejection	<input type="checkbox"/> Minor revision	<input checked="" type="checkbox"/> Advanced
		<input checked="" type="checkbox"/> Major revision	<input type="checkbox"/> General
		<input type="checkbox"/> Rejection	<input type="checkbox"/> No expertise
			Conflicts-of-Interest:
			<input type="checkbox"/> Yes
			<input checked="" type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS



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The article requires english editing and writing style, sentences must be rechecked.

INITIAL REVIEW OF THE MANUSCRIPT

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Name of journal: World Journal of Gastroenterology

Manuscript NO: 52998

Title: The Modified Child-Pugh Grade vs the Albumin-Bilirubin Grade for the Prognosis of Hepatocellular Carcinoma Patients after Hepatectomy

Reviewer’s code: 03505873

Position: Editorial Board

Academic degree: MD, PhD

Professional title: Research Assistant Professor

Reviewer’s country: United States

Author’s country: China

Reviewer chosen by: Artificial Intelligence Technique

Reviewer accepted review: 2019-11-29 20:13

Reviewer performed review: 2019-12-09 19:12

Review time: 9 Days and 22 Hours

SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION	PEER-REVIEWER STATEMENTS
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	<input type="checkbox"/> Accept	Peer-Review:
<input type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language	(High priority)	<input checked="" type="checkbox"/> Anonymous
<input checked="" type="checkbox"/> Grade C: Good	polishing	<input type="checkbox"/> Accept	<input type="checkbox"/> Onymous
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<input type="checkbox"/> Grade E: Do not	language polishing	<input checked="" type="checkbox"/> Minor revision	topic of the manuscript:
publish	<input type="checkbox"/> Grade D: Rejection	<input type="checkbox"/> Major revision	<input type="checkbox"/> Advanced
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In this study, the authors, using univariate, multivariate statistics, and Kaplan-Meier analysis, retrospectively analyzed and compared the two prognostic factors: modified Child-Pugh (MCP) and Albumin-Bilirubin (ALBI) grades for the long-term outcome of hepatocellular carcinoma (HCC) patients. They found that both the MCP and ALBI grades were more accurate prognostic factors than the Child-Pugh (C-P) grade for long-term outcome, and the MCP grade performed better than the ALBI grade for overall and recurrence-free survivals. In general, this is a straightforward, well-written paper, the presentation and statistical analysis are well-done. The differences in AUCs of two factors are marginal, and the data and conclusion may be over-interpreted and overstated. Since the sample-size is not very large, and patients were from one clinical center, if more patients from various centers are enrolled, the conclusion may be more convincing. If possible, will a combination these two factors a better prognostic factors for long-term outcome of HCC patients?

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