

## ESPS PEER-REVIEW REPORT

**Name of journal:** World Journal of Gastrointestinal Surgery

**ESPS manuscript NO:** 30158

**Title:** Clinicopathological features and surgical outcome of patients with fibrolamellar hepatocellular carcinoma (experience with 22 patients over a 15-year period)

**Reviewer's code:** 02527569

**Reviewer's country:** Japan

**Science editor:** Fang-Fang Ji

**Date sent for review:** 2016-09-19 09:17

**Date reviewed:** 2016-09-19 18:05

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		[Y] No	<input type="checkbox"/> Major revision
		BPG Search:	
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		[Y] No	

## COMMENTS TO AUTHORS

This manuscript seems worth to be reported, because clinicopathological features of FL-HCC are clearly written.

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**Name of journal:** World Journal of Gastrointestinal Surgery

**ESPS manuscript NO:** 30158

**Title:** Clinicopathological features and surgical outcome of patients with fibrolamellar hepatocellular carcinoma (experience with 22 patients over a 15-year period)

**Reviewer's code:** 00503601

**Reviewer's country:** Singapore

**Science editor:** Fang-Fang Ji

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

## COMMENTS TO AUTHORS

Institutional series of FLHCC in Egypt of 22 cases over a 15 year period. There needs to be a fair amount of language polishing to make this article readable. In "methods" it would be good to specify the criteria for diagnosing FLNCC and if this was retrospective or were the histological slides reviewed again by an independent pathologist for confirmation that the criteria for diagnosing FLHCC is met, as often there is overlap between FLHCC and HCC. The series is not a large one, but adequate given the lesser frequency of FLHCC) and is therefore difficult to comment about the statistics. However the finding of cirrhosis is unusual as most FLHCC occurs in normal parenchymal and it would be good to review the histology to confirm if the diagnosis of FLHCC in these 2 cases is correct. There are two cases with positive margins and it would be interesting to review these for capsular wall thickness and invasion as FLHCC are often associated with encapsulation as part of the higher fibrous matrix activity. For the scan images, the authors need to remove patients' details and particulars for anonymity and also increase the labeling and markings to make the pictures more illustrative for readers.

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**Name of journal:** World Journal of Gastrointestinal Surgery

**ESPS manuscript NO:** 30158

**Title:** Clinicopathological features and surgical outcome of patients with fibrolamellar hepatocellular carcinoma (experience with 22 patients over a 15-year period)

**Reviewer's code:** 00005216

**Reviewer's country:** Italy

**Science editor:** Fang-Fang Ji

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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

El Hanafy et al. present their experience in the surgical treatment of fibrolamellar hepatocellular carcinoma (FHCC), amounting to 22 patients (i.e., a sample size comparable to other series reported in the literature for this rare tumour). Two of these patients have hepatitis C/cirrhosis, likely by chance, given the prevalence of HCV infection in Egypt. I have the following comments/suggestions to improve the paper: 1. In a paper claiming to describe clinicopathological features of FHCC, it would be advisable to provide data on immunohistochemistry studies. Specifically, were specimens stained for cytokeratin 7 and epithelial membrane antigen? Were they positive in the cases with hepatitis C/cirrhosis? 2. In the introduction, no mention is made of the recent identification of a recurrent unique fusion gene between DnaJ/HSP40 homolog, subfamily B, member 1, and PRKACA (protein kinase, cAMP-dependent, catalytic, alpha [DNAJB1-PRKACA]), reported in FHCC but not in other HCC variants or cholangiocellular tumors. The Authors might not have had the chance to test their patients/archival material for this novel molecular signature of FHCC (otherwise, it would be important to present data), but they should at least comment on its discovery. 3. In the copy I had



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access to, due to some technical reasons Figures are not readable at all and Tables are messy. 4. A revision by a mother-tongue editor is absolutely needed.