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ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Hepatology
ESPS manuscript NO: 16069
Title: Alpha-1 Antitrypsin Deficiency and the Risk of Hepatocellular Carcinoma in End-Stage Liver Disease
Reviewer's code: 00008590
Reviewer's country: Germany
Science editor: Fang-Fang Ji
Date sent for review: 2014-12-26 10:57
Date reviewed: 2015-01-14 21:12

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
[ ] Grade A: Excellent	[Y] Grade A: Priority publishing	PubMed Search:	[Y] Accept
[Y] Grade B: Very good	[ ] Grade B: Minor language polishing	[ ] The same title	[ ] High priority for publication
[ ] Grade C: Good	[ ] Grade C: A great deal of language polishing	[ ] Duplicate publication	[ ] Rejection
[ ] Grade D: Fair	[ ] Grade D: Rejected	[ ] Plagiarism	[ ] Minor revision
[ ] Grade E: Poor		[Y] No	[ ] Major revision
		BPG Search:	
		[ ] The same title	
		[ ] Duplicate publication	
		[ ] Plagiarism	
		[Y] No	

COMMENTS TO AUTHORS

I like this paper of gret clinical relevance. I have no suggestions for improvements.

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ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Hepatology
ESPS manuscript NO: 16069
Title: Alpha-1 Antitrypsin Deficiency and the Risk of Hepatocellular Carcinoma in End-Stage Liver Disease
Reviewer's code: 00608223
Reviewer's country: United Kingdom
Science editor: Fang-Fang Ji
Date sent for review: 2014-12-26 10:57
Date reviewed: 2015-01-14 22:21

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
[Y] Grade A: Excellent	[Y] Grade A: Priority publishing	PubMed Search:	[Y] Accept
[ ] Grade B: Very good	[ ] Grade B: Minor language polishing	[ ] The same title	[ ] High priority for publication
[ ] Grade C: Good	[ ] Grade C: A great deal of language polishing	[ ] Duplicate publication	[ ] Rejection
[ ] Grade D: Fair	[ ] Grade D: Rejected	[ ] Plagiarism	[ ] Minor revision
[ ] Grade E: Poor		[Y] No	[ ] Major revision
		BPG Search:	
		[ ] The same title	
		[ ] Duplicate publication	
		[ ] Plagiarism	
		[Y] No	

COMMENTS TO AUTHORS

This retrospective study, examining HCC in cirrhosis, is well written, clear, and appropriately analysed. It also answers an important clinical question. There are a few minor improvements that could be made - for instance in the demongraphics table, could any further details of the cohort's liver disease severity be given, or number of deaths (if applicable). Did the AATD patients have any significant lung disease?

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ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Hepatology
ESPS manuscript NO: 16069
Title: Alpha-1 Antitrypsin Deficiency and the Risk of Hepatocellular Carcinoma in End-Stage Liver Disease
Reviewer's code: 00008577
Reviewer's country: Italy
Science editor: Fang-Fang Ji
Date sent for review: 2014-12-26 10:57
Date reviewed: 2014-12-28 00:42

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
[ ] Grade A: Excellent	[Y] Grade A: Priority publishing	PubMed Search:	[ ] Accept
[ ] Grade B: Very good	[ ] Grade B: Minor language polishing	[ ] The same title	[ ] High priority for publication
[Y] Grade C: Good	[ ] Grade C: A great deal of language polishing	[ ] Duplicate publication	[ ] Rejection
[ ] Grade D: Fair	[ ] Grade D: Rejected	[ ] Plagiarism	[Y] Minor revision
[ ] Grade E: Poor		[Y] No	[ ] Major revision
		BPG Search:	
		[ ] The same title	
		[ ] Duplicate publication	
		[ ] Plagiarism	
		[Y] No	

COMMENTS TO AUTHORS

The authors report the incidence of HCC in patients with cirrhosis or ESLD secondary to A1ATD and referred for liver transplantation. This is a retrospective study that also includes a control group of subjects with the same characteristics of disease but due to different causes. GENERAL COMMENTS: Although the results seem to be in conflict with those of previous studies and the natural bias of a retrospective study, the information provided may be useful for discussion and to stimulate further studies. The number of patients with A1ATD/HCC is very small (only 4 cases) but some additional data can improve the quality of the paper. Authors should indicate how was made the diagnosis of HCC and to provide, if possible, the following additional informations: 1. concomitant etiologies in patients with A1ATD/HCC were excluded? 2. age comparison of A1ATD patients with and without HCC; 3. age comparison of HCC patients with or without A1ATD; 4. AFP values of HCC patients with or without A1ATD; 5. differences in macroscopic appearance (mono-focal, bi-focal, multi-focal, infiltrative) of HCC patients with or without A1ATD; 6. difference in BCLC stadium of HCC patients with or without A1ATD.