

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Hepatology

ESPS manuscript NO: 19172

Title: Preoperative Portal Vein Embolization for Hepatocellular Carcinoma

Reviewer's code: 02936822

Reviewer's country: France

Science editor: Jin-Xin Kong

Date sent for review: 2015-05-08 10:03

Date reviewed: 2015-07-17 16:48

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input checked="" type="checkbox"/> Grade A: Priority publishing	Google Search:	<input 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"/> 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

We thank the authors for this very interesting and well-written review on PVE. I have only minor comments: - I totally agree that data supporting ALPPS in HCC with cirrhosis are still very weak; however, a few reports have been published specifically on the matter, and I would suggest to cite at least the paper by Vennarecci et al, Eur J Surg Oncol 2014. - The authors states at the end of the introduction that alternatives to PVE would be discussed, however only ALPPS is effectively discussed. I would suggest to add a small paragraph about radioembolisation, as at least one paper exist specific to HCC (Edeline et al Ann Surg Oncol 2013), and another paper make an interesting comparison with PVE (Garlipp et al Hepatol 2014). - A strange sentence at the end of 1st paragraph page 12: "Several previous reports have addressed this issue, however, concluded conflicting results have been reported;26-29 however, accumulating evidence suggests an adverse effect of PVE on tumor growth." Suggestion to modify this for "Several previous reports have addressed this issue. Despite some conflicting results, accumulating evidence suggests an adverse effect of PVE on tumor growth." ?

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Name of journal: World Journal of Hepatology

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Title: Preoperative Portal Vein Embolization for Hepatocellular Carcinoma

Reviewer's code: 00058355

Reviewer's country: Argentina

Science editor: Jin-Xin Kong

Date sent for review: 2015-05-08 10:03

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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 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"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Duplicate publication	<input type="checkbox"/> Rejection
<input checked="" 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 checked="" 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

The most important discussion remaining nowadays is how to manage patients with insufficient liver remnant after PVE, patients with bilateral lesions or when there's tumor progression during the interval time between the portal embolization and the hepatic resection especially in a diseased liver.