ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Transplantation
ESPS manuscript NO: 23818
Title: Proposal of new expanded selection criteria using total tumor size and 18F-fluorodeoxyglucose - positron emission tomography/computedtomography for living donor liver transplantation in patients with hepatocellular carcinoma: The national cancer center Korea criteria
Reviewer's code: 00051373
Reviewer's country: Taiwan
Science editor: Shui Qiu
Date sent for review: 2015-12-23 15:49
Date reviewed: 2015-12-23 21:11

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
[ ] Grade A: Excellent	[Y] Grade A: Priority publishing	Google 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

The author applies both of the tumor biological and morphological characteristics into the NCCK criteria and try to find out the predict value of the outcome of LDLT patients for HCC. This is a nice idea classification for the LDLT and well writing manuscript to be beneficial to the all liver transplantation center as a depending guide line. Congratulations.

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Title: Proposal of new expanded selection criteria using total tumor size and 18F-fluorodeoxyglucose - positron emission tomography/computedtomography for living donor liver transplantation in patients with hepatocellular carcinoma: The national cancer center Korea criteria
Reviewer's code: 01557574
Reviewer's country: Turkey
Science editor: Shui Qiu
Date sent for review: 2015-12-23 15:49
Date reviewed: 2015-12-25 21:59

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
[ ] Grade A: Excellent	[Y] Grade A: Priority publishing	Google 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

Dear Author, This article title with " Expanded selection criteria of living donor liver transplantation for hepatocellular carcinoma using total tumor size and 18F-FDG-PET/CT" should be published at WJGO. It is well documanted. It gives us important informations.

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Title: Proposal of new expanded selection criteria using total tumor size and 18F-fluorodeoxyglucose - positron emission tomography/computedtomography for living donor liver transplantation in patients with hepatocellular carcinoma: The national cancer center Korea criteria
Reviewer's code: 00053659
Reviewer's country: Japan
Science editor: Shui Qiu
Date sent for review: 2015-12-23 15:49
Date reviewed: 2015-12-29 11:07

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

COMMENTS TO AUTHORS

Lee SD et al. reported novel criteria for living donor liver transplantation.   They claimed the NCCK criteria are simple and might expand criteria for selection of LDLT.   Unfortunately, their figures do not support their conclusion.   They should present good prognosis in the patients who were beyond Milan but within NCCK.   In addition, patient population in each group was very different, but prognostic value of the each criteria were very similar. This finding indicates merit and demerit in each of them.   I recommend you to rewrite prognostic curves and your conclusion according to your findings.   Although a predictive value of the NCCK was not superior than the existing criteria, but it did not stand for meaningless.

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Title: Proposal of new expanded selection criteria using total tumor size and 18F-fluorodeoxyglucose - positron emission tomography/computedtomography for living donor liver transplantation in patients with hepatocellular carcinoma: The national cancer center Korea criteria
Reviewer's code: 00182548
Reviewer's country: Romania
Science editor: Shui Qiu
Date sent for review: 2015-12-23 15:49
Date reviewed: 2015-12-30 01:21

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

COMMENTS TO AUTHORS

The article is very interesting and is a large scientific challenge. I appreciate the interest of authors to find new criteria for patient selection and to allow a greater number of liver transplants. But there is a big problem: the groups must be comparable to can compare the outcomes of patients who meet the NCCK criteria with those who fulfil Milan criteria, and they are not. If the article were be published in the present form, some researchers would only read the abstract (perhaps because they do not have enough time) and could draw inaccurate conclusions, as the summary does not specify the major differences which exist between the 2 analyzed groups. Therefore, the article must be rebuilt starting from the composition of the two groups of patients which should be compared (with no significant differences between them). Only then the results can really be compared and the authors can draw the appropriate conclusions. There are also a few minor grammatical errors.

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Title: Proposal of new expanded selection criteria using total tumor size and 18F-fluorodeoxyglucose - positron emission tomography/computedtomography for living donor liver transplantation in patients with hepatocellular carcinoma: The national cancer center Korea criteria
Reviewer's code: 00181388
Reviewer's country: Iran
Science editor: Shui Qiu
Date sent for review: 2015-12-23 15:49
Date reviewed: 2016-01-08 13:14

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
[Y] Grade A: Excellent	[Y] Grade A: Priority publishing	Google Search:	[ ] 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	[Y] Minor revision
[ ] Grade E: Poor		[Y] No	[ ] Major revision
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		[ ] Duplicate publication	
		[ ] Plagiarism	
		[Y] No	

COMMENTS TO AUTHORS

Dear EIC of WJT It seems a very useful article with only small comments: 1. Because of multiple comparison tests, type I error needs to be justified. The value of 0.05 for significant level does not seem logical. 2. Results ca only be generalizable to a population like persons who entered in their final analysis which may be more severe advanced cases or vice versa. 3. "In patients who fulfilled the NCCK criteria according to explant pathological reports, five-year OS and DFS were 85.2% and 84.0%, respectively; these values were significantly higher than those among patients who did not fulfill the NCCK criteria (60.2% and 44.7%, respectively, p < 0.001)." Here, 85.2% and 84% have been compared with 60.2% and 44.7%; however, p-value is about other comparison like 60.2% and 44.7%. I offer authors to use confidence interval in addition to (or even instead of) p-values which is both explanatory and inferential and speak about significancy. It is more useful for expert readers familiar with biostatistics concepts. 4. Different indexes like percentage of cases who fulfil a criteria, accuracy

and agreement (Kappa) have been hired very usefully. However, agreement has been calculated between preoperative characteristics and a criteria. Agreement between different criteria in view of different aspects can also be very useful. 5. Summation indexes which only have a holistic view to the cases may not be useful to correct the criteria. Detecting cases who have deviation from the truth according to each criteria is more useful for correcting details of a selection criteria. So, working on these cases is advised. In other words, AUC only shows goodness of fit of criteria as a total. Maybe two criteria have similar AUC but their agreement is not similar and each one diagnose some cases truly and others mistakenly and these cases are not matched completely with function of other criteria. 6. Authors have done many comparisons and some of them are not significant like comparison between AUCs. In such a place I expect to know how much has been power of such comparison? If it is low, so we cannot conclude that these two criteria are really similar. Therefore, power calculation is necessary.