

## ESPS JOURNAL EDITOR-IN-CHIEF'S REVIEW REPORT

**Name of journal:** World Journal of Gastroenterology

**ESPS manuscript NO:** 14897

**Title:** Comparison of hepatic resection and transarterial chemoembolization for solitary hepatocellular carcinoma

**Journal Editor-in-Chief (Associate Editor):** Han Chu Lee

**Editorial Director:** Jin-Lei Wang

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ACADEMIC CONTENT EVALUATION	LANGUAGE QUALITY EVALUATION	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	<input type="checkbox"/> Accept
<input checked="" type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language polishing	<input checked="" 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"/> Revision
		<input type="checkbox"/> Rejection

### JOURNAL EDITOR-IN-CHIEF (ASSOCIATE EDITOR) COMMENTS TO AUTHORS

The study design and conclusion are relatively acceptable, but there are several minor points to be corrected. 1. There are some misconceptions about BCLC A stage in this study. The BCLC A stage is a solitary tumor, Child-Pugh A-B, and performance status 0. Performance status 1-2 is not BCLC A stage. So, please do not emphasize that this study results suggested that the cutoff criteria for BCLC A and B stage should be 6 cm. Actually, the surgical indication in BCLC staging system was determined whether the 5-year survival after resection is similar to that after liver transplantation (60-70% or higher). It was not determined whether the survival is superior to that of TACE. In this regard, the cutoff size of 6 cm in this study can be reasonable because of the comparable survival rate after LT. Therefore, in the discussion session, please insert the paragraph that the survival in patients with single HCC of <6 cm was comparable with that after LT in patients with Milan criteria. And also, please insert the paragraph that this study included some BCLC C (performance status 1-2) patients in the discussion session (limitation). 2. The response to number three comment from reviewer 2 is not adequate. The reviewer 2 suggested that tumors larger than 3 cm is not adequate for RFA. Personally, I do agree with the reviewer 2's opinion. But some centers perform RFA in tumors upto 5 cm or more. Therefore, the sentence should be corrected as follows: Therefore, RFA can (not should) be adopted when the tumor diameter was smaller (not larger) than 5 cm. 3. There are still some errors in English.