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## ESPS PEER-REVIEW REPORT

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

**ESPS manuscript NO:** 29793

**Title:** Prognostic value of pre-treatment F-18-FDG PET-CT in patients with hepatocellular carcinoma undergoing radioembolization

**Reviewer's code:** 02510166

**Reviewer's country:** Martinique

**Science editor:** Yuan Qi

**Date sent for review:** 2016-08-28 15:31

**Date reviewed:** 2016-09-13 09:50

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"/> 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"/> No	<input checked="" type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		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

Well written paper. Provides useful additional info. Minor remarks. 1) FDG avidity was defined as maximal standardized uptake value (SUVmax) =3 ... Comment: how was that cutoff selected? Should add in the limitations that retrospective choice of cutoff can bias the results. 2) The manuscript writes "A study by Kornberg et al (20) consisting of 91 HCC patients undergoing transplantation showed tumor-to-background ratio of >1 on pre-transplant scans was associated with better recurrence free survival of 81% vs 21% (P=0.02)". This is a mistyped quote. The cited paper actually reported a worse survival in PET+ patients, 5-year RFS 21% in PET-positive, 81% in PET-negative ... P=0.002.



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**Title:** Prognostic value of pre-treatment F-18-FDG PET-CT in patients with hepatocellular carcinoma undergoing radioembolization

**Reviewer's code:** 02604132

**Reviewer's country:** Japan

**Science editor:** Yuan Qi

**Date sent for review:** 2016-08-28 15:31

**Date reviewed:** 2016-09-19 14:44

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 checked="" type="checkbox"/> High priority for publication
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<input type="checkbox"/> Grade E: Poor		<input checked="" 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 checked="" type="checkbox"/> No	

### COMMENTS TO AUTHORS

1) Trending predictors of PET-avid HCC lesion ( $p < 0.1$ ) and trending variables of outcome analysis on UVA ( $p < 0.1$ ) were included on multivariate analysis (MVA) via Cox-regression analysis. Please describe the reason of  $P < 0.1$ . 2) Tumor burden  $> 50\%$  How was the calculation method? 3) The Title of Figure 3. Kaplan Meier curves for (a) freedom from DM and (b) progression free survival overall survival What does 'overall survival' mean?