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Flat C, 23/F., Lucky Plaza,
315-321 Lockhart Road,
Wan Chai, Hong Kong, China

ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

Ms: 1767

Title: Active treatments are rational approach for hepatocellular carcinoma in elderly patients

Reviewer code: 01799435

Science editor: h.h.zhai@wjgnet.com

Date sent for review: 2013-01-05 13:54

Date reviewed: 2013-01-20 10:39

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	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"/> Existed	<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"/> No records	<input checked="" type="checkbox"/> Rejection
<input checked="" type="checkbox"/> Grade D (Fair)		BPG Search:	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)	<input type="checkbox"/> Grade D: rejected	<input type="checkbox"/> Existed	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

COMMENTS

COMMENTS TO AUTHORS:

The present study by Suda and co-workers investigated whether an active intervention is beneficial for the survival of elderly patients with hepatocellular carcinoma. 740 patients who received various treatments for were retrospectively analyzed. The authors found that therapeutic approaches for hepatocellular carcinoma should not be restricted due to patient age. The following comments I would like to make regarding this manuscript:

1. The authors used percent life expectancy to conclude that %LE can be a more useful indicator to compare survival benefit between older age group and younger age group with HCC. It is uncertain to get this conclusion since that, as comparing with younger non-HCC cohort, the expected residual life length is far less in older age patients who might have serious comorbidities and in aging; naturally, %LE could be higher significantly in older patients. It would be assumed inappropriately that older patients with HCC (or other serious systemic diseases) had better survival benefit.
2. The authors concluded that a therapeutic approach for HCC should not be restricted due to patient age. However, there is no enough data to clarify this conclusion.
3. The writing in part of the manuscript is redundant. There are repetitive in table footnotes and figure legends. It would be much simple to make labels on figures directly instead of writing redundant figure legends.
4. The case presentation did not offer further additional information, so it could be omitted.



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ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

Ms: 1767

Title: Active treatments are rational approach for hepatocellular carcinoma in elderly patients

Reviewer code: 00009879

Science editor: h.h.zhai@wjgnet.com

Date sent for review: 2013-01-05 13:54

Date reviewed: 2013-01-26 11:17

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	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"/> Existed	<input type="checkbox"/> High priority for publication
<input checked="" type="checkbox"/> Grade C (Good)	<input type="checkbox"/> Grade C: a great deal of language polishing	<input type="checkbox"/> No records	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D (Fair)		BPG Search:	<input checked="" type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)	<input type="checkbox"/> Grade D: rejected	<input type="checkbox"/> Existed	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

COMMENTS

COMMENTS TO AUTHORS:

Facing the world's highest proportion of elderly people, author explains the rationale of active intervention for HCC in the elderly more theoretically and suggested that age itself should not be a reason to change a treatment strategy. There is limitations that this study is performed in single institution and the number of patients is limited.

Minor point.

1. In tale 1, the number of patients who evaluated HBsAg(-/+ /ND) was 818 although the total number of enrolled patients was 918.

2. How do you classified the patient managed with multimodality approach?