



**ESPS PEER-REVIEW REPORT**

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

**ESPS manuscript NO:** 17409

**Title:** Lymphocyte-to-monocyte ratio predicts survival of patients with hepatocellular carcinoma after curative resection

**Reviewer’s code:** 03261461

**Reviewer’s country:** Egypt

**Science editor:** Jing Yu

**Date sent for review:** 2015-03-06 20:04

**Date reviewed:** 2015-04-16 02:00

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

Comments to the Author In this paper, the authors investigated the Peripheral blood lymphocyte-to-monocyte ratio (LMR), as a novel inflammatory biomarker combining an estimate of host immune homeostasis and tumor microenvironment has been found to be a predictor for clinical outcomes in various malignancies. There have been no reports regarding the prognostic value of LMR in HCC until now. For the first time in literature, our study identified the optimal cut-off value of LMR for survival analysis and concluded that preoperative LMR could serve as an independent prognostic factor in hepatitis B virus-associated HCC patients after curative resection. The authors should address the points listed below. 1-In the abstract section, the authors should emphasize that prospective validation of their results is essentially required 2-the introduction,Results, discussion sections are to the point, however, some grammar mistakes and punctuation errors are present and I recommend language and grammar editing for the manuscript before publication. 3-In the materials and methods section: i. the authors selected the HCC patients “based on the typical dynamic images evaluated by CT or MRI “however they didn’t mention which guidelines they follow is it the AASLD



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(Bruix and Sherman HEPATOLOGY, Vol. 53, No. 3, 2011), EASL (Journal of Hepatology 2012 vol. 56: 908-943) or the APASL Guidelines for HCC (Hepatol Int 2010; 4: 439-474). please clarify ii. The work up for HBV and HCV diagnosis is not mentioned, do you exclude HCV subjects based on HCV antibodies or HCV PCR? iii. Recommended oral nucleos(t)ide analogues for anti HBV was recommended for all patients after resection. How many patients actually received the antiviral therapy? t I think that adding this factor the hazards model of prognostic factors affecting the OS and RFS could add value for such a cohort with HBV related HCC if the data is available univariate analysis 4-In the Results section: i. the authors stated that 161 p1tients had underlying cirrhosis please verify how did you document cirrhosis ? Was it on radiological basis or pathological basis after resection? ii. 110 patients developed tumor recurrences, what was the Mean time to recurrence? iii. The ROC curves analysis for LMR , ALC and AMC were performed however the authors didn't the AUC for ALC or AMC and The positive predictive and Negative predictive values (PPV & NPV) for LMR 5- Discussion section: the authors mentioned CRP and NLR as hematological markers for patients with HCC more updated references are available for this like Templeton AJ,. (2014) I think this should be updated Reference section: Bruix J and Sherman 2005 I think this reference should be updated to: Bruix J and Sherman M, 2011: Management of Hepatocellular Carcinoma: An Update. Hepatology; 53(3): 1020-22.

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

**ESPS manuscript NO:** 17409

**Title:** Lymphocyte-to-monocyte ratio predicts survival of patients with hepatocellular carcinoma after curative resection

**Reviewer's code:** 02936067

**Reviewer's country:** China

**Science editor:** Jing Yu

**Date sent for review:** 2015-03-06 20:04

**Date reviewed:** 2015-04-20 18:54

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 type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<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"/> Duplicate publication	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input type="checkbox"/> Plagiarism	<input type="checkbox"/> Minor revision
<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

The authors investigated the prognostic value of preoperative lymphocyte-to-monocyte ratio (LMR) in patients with hepatocellular carcinoma (HCC) undergoing curative hepatectomy. A number of studies have been published in the last years on the prognostic impact of inflammatory markers in several field of oncology. (1) The figure of ROC curve for LMR, ALC and AMC should be provided. (2) What additional value does the LMR value have in prognosis over the other independent predictors of survival (tumor size, encapsulation, multiple tumors) other than cirrhosis? (3) Would a low preoperative LMR perhaps lead to consideration of neoadjuvant therapies? Would following the LMR postoperatively aid in identifying recurrence earlier? (4) Does the author have any plans to assess patients in the future on a prospective basis or in a clinical trial looking at adjuvant therapies? I feel these questions(2-4) should be addressed in the discussion to emphasize the clinical importance of this information. (5) The size of font don't match in Table 2 and 3. Such as "Total bilirubin: > 34 μmol/L vs ≤ 34 μmol/L" and "Histological differentiation: poor vs. well and moderate" was 5 font. However, others were small 4 font.

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

**ESPS manuscript NO:** 17409

**Title:** Lymphocyte-to-monocyte ratio predicts survival of patients with hepatocellular carcinoma after curative resection

**Reviewer's code:** 03004829

**Reviewer's country:** Sweden

**Science editor:** Jing Yu

**Date sent for review:** 2015-03-06 20:04

**Date reviewed:** 2015-04-12 23:26

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 checked="" 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
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		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

### COMMENTS TO AUTHORS

The authors present an interesting study with sound methodology and statistical analyses. The results described are new and are of interest to the readers of World Journal of Gastroenterology. I have some minor comments: Page 5, materials and methods: 'active infection' should be rephrased so as not to be confused with the hepatitis B infection. The number of patients excluded because of involved surgical margins and the number of patients excluded after recurrence 1 month after resection should be stated separately. Were any of the included patients treated with ablation in addition to resection, or were these patients also excluded? How many were they? Discussion page 9, delete the wording 'in' in the phrase 'These results were in consistent with' Is there an influence on lymphocytes and monocytes by the hepatitis B infection?