Decision Letter (JCQ-2026-0014)

From: [redacted]
To:
CC:
BCC:

Subject: Journal of Clinical Question - Decision on Manuscript ID JCQ-2026-0014

Body: 15-Apr-2026

Dear Professor Wang:

Manuscript ID JCQ-2026-0014 entitled "Advances in the Management of Hepatocellular Carcinoma: Evolving Systemic Therapy, Perioperative Strategies, and Care for Special Populations" which you submitted to the Journal of Clinical Question, has been reviewed. The comments of the reviewer(s) are included at the bottom of this letter.

The reviewer(s) have recommended publication, but also suggest some revisions to your manuscript. Therefore, I invite you to respond to the reviewer(s)' comments and revise your manuscript.

To submit your revised manuscript, follow the below steps.
1. Access to https://mc.manuscriptcentral.com/jcq and log into the site.
2. Click "Author" at the top left of the screen at "Home" page.
3. Click "Manuscripts with Decisions" on Author Dashboard page.
4. Click "create a revision" on the manuscript you are going to revise.
5. The system creates your revision manuscript form. Provide your comments about the revised points at the response field, fill in on each field step by step as same as you did for the original submission, and submit your revised manuscript.
IMPORTANT: Your original files are available to you when you upload your revised manuscript. Please delete any redundant files before completing the submission.
Your manuscript number has been appended to denote a revision.

You will be unable to make your revisions on the originally submitted version of the manuscript. Instead, revise your manuscript using a word processing program and save it on your computer. Please also highlight the changes to your manuscript within the document by using the track changes mode in MS Word or by using bold or colored text.

Once the revised manuscript is prepared, you can upload it and submit it through your Author Center.

When submitting your revised manuscript, you will be able to respond to the comments made by the reviewer(s) in the space provided. You can use this space to document any changes you make to the original manuscript. In order to expedite the processing of the revised manuscript, please be as specific as possible in your response to the reviewer(s).

IMPORTANT: Your original files are available to you when you upload your revised manuscript. Please delete any redundant files before completing the submission.

Because we are trying to facilitate timely publication of manuscripts submitted to the Journal of Clinical Question, your revised manuscript should be uploaded as soon as possible. If it is not possible for you to submit your revision in a reasonable amount of time, we may have to consider your paper as a new submission.

Once again, thank you for submitting your manuscript to the Journal of Clinical Question and I look forward to receiving your revision.

Sincerely,
Richard S. Isaacs
Editor in Chief
Journal of Clinical Question

[Editor's Comments]
Associate Editor
Comments to the Author:
(There are no comments.)

[Reviewer(s)' Comments]

Reviewer: 1

Comments to the Author
To provide a more complete clinical condition, it would be highly valuable to add an explanation regarding the antiviral therapy landscape for newly diagnosed hepatitis-associated HCC. Specifically, how should anti retroviral management be integrated for patients who are eligible for Neo adjuvant or first line immune checkpoint inhibitor (ICI) therapy.

Reviewer: 2

Comments to the Author
The manuscript is timely and potentially useful. It covers several clinically important areas in hepatocellular carcinoma (HCC), including first-line immune checkpoint inhibitor (ICI)-based combinations, perioperative therapy, post-immunotherapy sequencing, Child-Pugh B disease, post-transplant recurrence, viral reactivation, and biomarker development. The "Clinical Question" framing is effective, and the topic is appropriate for a review article.
Major Comments
Comment 1.
The manuscript presents nivolumab plus ipilimumab as a key first-line standard, which is reasonable in light of its FDA approval on April 11, 2025, for first-line treatment of unresectable or metastatic HCC. However, the manuscript should clarify whether it is referring to U.S. regulatory status, global guideline recommendations, or general practice-changing evidence, because drug availability, approval status, and reimbursement differ across regions.
Similarly, the perioperative camrelizumab plus rivoceranib data are promising, but the manuscript should avoid implying that this strategy is already routine global practice. Although the text appropriately notes the China-predominant, HBV-heavy study population and the toxicity concerns, the abstract and Clinical Question Box should use more cautious language.
The post-ICI sequencing section also relies partly on retrospective and registry-based evidence. The manuscript should explicitly label these findings as hypothesis-generating, particularly where it compares second-line lenvatinib with durvalumab plus tremelimumab.
Comment 2.
The manuscript correctly notes that the initial recurrence-free survival benefit observed in IMbrave050 was not sustained with longer follow-up, and that updated results do not currently support routine adjuvant atezolizumab plus bevacizumab. This conclusion should be made more prominent in both the abstract and the Clinical Question Box. The current wording, "routine adjuvant immunotherapy remains unproven," is accurate but somewhat soft. A clearer statement would be that routine adjuvant atezolizumab plus bevacizumab is not currently supported outside clinical trials.
Comment 3.
In the diagnosis section, the manuscript states that "2026 guidelines recommend" short-interval ultrasound monitoring for sub-centimeter lesions. However, the cited source appears to be the 2023 AASLD Practice Guidance, which recommends repeat short-interval ultrasound with AFP in 3–6 months for sub-centimeter liver lesions detected during surveillance. Please revise this sentence to avoid implying the existence of a separate 2026 guideline unless a specific 2026 guideline citation is provided.
Comment 4.
The manuscript would benefit from a practical treatment-selection table focused on special clinical scenarios in HCC. Because the article is clinically oriented, readers would benefit from a concise table summarizing preferred treatment strategies, cautions, and rationale for specific patient subgroups, such as patients with high-risk varices, Child-Pugh B liver function, post-transplant recurrence, autoimmune disease, viral hepatitis, or elevated AFP. This would improve the manuscript's clinical usability and may be more helpful than the current dense algorithm.
Minor Comments
Comment 1.
The sentence reporting that "median disease-free survival was 40.8 months…" appears twice in close succession and should be deleted or consolidated.
Comment 2.
"Pretreatment esophagogastroduodenoscopy EGD" should be revised to "pretreatment esophagogastroduodenoscopy (EGD)."
Comment 3.
The manuscript should consistently use either "tremelimumab plus durvalumab" or "STRIDE regimen" after defining the term once.
Comment 4.
The data-sharing statement is not appropriate for a narrative review based on previously published studies. Instead of stating that raw data are available from the corresponding author, the authors should consider revising this to: "Data sharing is not applicable because no new datasets were generated or analyzed in this review."

Date Sent: 15-Apr-2026

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