## REVIEWER'S REPORT

**Manuscript No.:** IJAR-53369        Date: 16/08/2025

Title: *Clinical Outcomes and Life Expectancy of Non-Curative Hepatocellular Carcinoma in Morocco*

**Recommendation:**

✓ Accept as it is ....................................
Accept after minor revision.................
Accept after major revision .................
Do not accept (*Reasons below*) .........

| Rating | Excel. | Good | Fair | Poor |
|---|---|---|---|---|
| Originality | | ✓ | | |
| Techn. Quality | | ✓ | | |
| Clarity | | ✓ | | |
| Significance | ✓ | | | |

Reviewer Name: Dr. S. K. Nath        Date: 16/08/2025

**Reviewer's Comment for Publication:**

The study emphasizes that in Morocco, the management of non-curative HCC benefits significantly from locoregional therapies like TACE, which demonstrated better survival outcomes. Early detection, systematic screening for high-risk populations, and wider access to systemic treatments (such as sorafenib or immunotherapy) are crucial to improving patient prognoses. Despite some limitations, the findings reinforce the importance of tailoring treatment strategies based on disease stage and resource availability.

### *Reviewer's Comment / Report*

**Strengths:**

1. **Region-Specific Data:** Provides valuable insights into the clinical behavior and management of HCC in Morocco, where data is scarce, filling an important knowledge gap.
2. **Comprehensive Data Collection:** Includes a wide array of variables (demographics, liver function tests, tumor characteristics, treatment types, and outcomes), allowing for multidimensional analysis.
3. **Use of Established Criteria and Scores:** Utilizes recognized diagnostic (EASL imaging criteria), staging (BCLC), and prognostic tools (Child-Pugh, WHO performance status). This enhances the reliability and comparability of findings.
4. **Outcome Analysis:** Employs robust statistical methods such as Kaplan-Meier survival curves and log-rank tests to assess treatment effectiveness, providing clear evidence for the benefit of TACE.

**Weaknesses:**

1. **Retrospective Design:** Inherent limitations include potential selection bias, missing data, and inability to establish causality.
2. **Sample Size and Representativeness:** With only 102 patients from a single center, the results may not be generalizable to the entire Moroccan population or other regions.
3. **Limited Systemic Therapy Data:** Only 8.8% of patients received sorafenib and 1% immunotherapy, reflecting limited access. More detailed analysis of systemic therapy efficacy is lacking.
4. **Short Follow-up for Some Patients / Lost Data:** Although median survival is reported, long-term follow-up and survival beyond 3 years are not extensively discussed.
5. **Potential Confounders Not Fully Addressed:** The impact of comorbidities or socioeconomic factors influencing treatment access and outcomes isn't deeply analyzed.