

REVIEWER'S REPORT

Manuscript No.: IJAR-53369

Date: 18-08-2025

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

Recommendation:

Accept as it isYES.....

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 Aamina

Reviewer's Comment for Publication.

Abstract and Scope:

The abstract concisely introduces the clinical burden of hepatocellular carcinoma (HCC), emphasizing its poor prognosis at non-curative stages and the lack of sufficient Moroccan data. It outlines the methodology, including a retrospective cohort design, patient characteristics, and treatment modalities. The survival outcomes are presented with statistical comparisons, highlighting the role of transarterial chemoembolization (TACE) in improving survival. The conclusion clearly underscores the prognostic influence of therapeutic approaches and the need for systematic screening and better access to systemic therapies.

Introduction:

The introduction situates HCC within the global oncological landscape, emphasizing its high mortality burden. It appropriately references epidemiological data, risk factors, and survival rates by BCLC stage, thereby contextualizing the significance of studying intermediate and

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advanced HCC in Morocco. The clinical relevance is well articulated, particularly with the framing of Morocco as a setting where systematic data remain limited.

Methods:

The methodology is clearly described, with inclusion criteria defined as patients with BCLC stage B or C HCC diagnosed between January 2015 and August 2023 at Hassan II University Hospital, Fez. Diagnosis was confirmed according to EASL imaging guidelines or histology where necessary. Variables analyzed include demographic characteristics, liver function (Child-Pugh score), tumor burden, performance status, treatment modalities, and outcomes. Statistical methods are appropriate, with survival estimates calculated using Kaplan–Meier methods and comparisons by log-rank test. The methodological framework demonstrates clarity and rigor.

Results:

The study population consisted of 102 patients, predominantly male (59%), with a mean age of 66 years. Cirrhosis was highly prevalent (84.8%), primarily associated with hepatitis C and hepatitis B. Clinical presentation included symptomatic disease (47%), portal vein thrombosis (12%), and extrahepatic metastases (20%). Treatment distribution is detailed: TACE (72.5%), sorafenib (8.8%), immunotherapy (1%), and supportive care (14.7%).

Survival outcomes are presented comprehensively: overall 1- and 3-year survival rates of 60.5% and 43.8%, with a median survival of 26 months. Subgroup analysis highlights superior outcomes in TACE-treated patients (one-year survival 75%, median 27 months) compared to supportive care (median 4 months), with statistical significance ($p < 0.001$).

Discussion and Interpretation:

The findings reinforce the prognostic impact of therapeutic modality, particularly the survival benefit associated with TACE in non-curative HCC. Comparisons with known survival benchmarks for BCLC stage B and C patients underscore the importance of treatment selection. The discussion draws attention to broader implications, such as the role of early detection, systematic screening among cirrhotic patients, and expanded access to systemic

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therapies, including immunotherapy. The study's regional focus provides novel data within the Moroccan context, adding value to the global literature on HCC management.

Conclusion:

The manuscript concludes that treatment modality strongly influences prognosis in non-curative HCC, with TACE providing the best survival outcomes in the Moroccan cohort. It highlights the importance of early detection and improved therapeutic access to optimize patient outcomes.

Overall Assessment:

The manuscript presents a clear, clinically relevant, and well-documented retrospective analysis of non-curative HCC in Morocco. It effectively integrates epidemiological context, patient characteristics, therapeutic approaches, and survival outcomes. The study adds valuable regional data to the body of evidence on HCC prognosis and treatment, with significant implications for clinical practice and health policy.
