



PEER-REVIEW REPORT

Name of journal: World Journal of Gastrointestinal Oncology

Manuscript NO: 43001

Title: Hepatic resection versus percutaneous radiofrequency ablation of hepatocellular carcinoma abutting right diaphragm

Reviewer’s code: 03004570

Reviewer’s country: Turkey

Science editor: Fang-Fang Ji

Date sent for review: 2018-10-23

Date reviewed: 2018-11-01

Review time: 8 Days

SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION	PEER-REVIEWER STATEMENTS
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	<input type="checkbox"/> Accept	Peer-Review:
<input checked="" type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language polishing	(High priority)	<input checked="" type="checkbox"/> Anonymous
<input type="checkbox"/> Grade C: Good		<input type="checkbox"/> Accept	<input type="checkbox"/> Onymous
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of language polishing	(General priority)	Peer-reviewer’s expertise on the topic of the manuscript:
<input type="checkbox"/> Grade E: Do not publish	<input type="checkbox"/> Grade D: Rejection	<input checked="" type="checkbox"/> Minor revision	<input type="checkbox"/> Advanced
		<input type="checkbox"/> Major revision	<input checked="" type="checkbox"/> General
		<input type="checkbox"/> Rejection	<input type="checkbox"/> No expertise
			Conflicts-of-Interest:
			<input type="checkbox"/> Yes
			<input checked="" type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS

This retrospective cohort study is about a comparison of long-term outcomes and prognostic factors between patients who underwent hepatic resection and those who underwent RF ablation for small HCC abutting diaphragm. The title and key words are



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adequate. The authors benefited from 27 references and it seems that this manuscript is a follow-up article of their previously published reference #17 in Radiology journal (2015 Jun;275(3):908-19) which contains propensity score matching analysis to minimise bias. Figures #1 from both articles are showing cohorts from total 5981 patients. I suggest that this detail should be mentioned in this manuscript as well. This is a clinically important study and worth to publish. I want to point out some issues; In the Results section of the Abstract, the first sentence should be "The cumulative IDR rates, DFS rates and OS rates for the hepatic resection group and RF ablation group at 5 years were "35.9% vs 65.8%", "64.1% vs 18.3%" and "88.4% vs 68.7%", respectively." to be more understandable! In the Discussion, although they were not any significant difference between two groups in terms of OS, how the authors conclude that the proportion of patients with hepatitis B virus and higher platelet count in the hepatic resection group make an OS difference? This should be clarified and possible mechanisms should be explained. In their previous study mentioned above, DFS rate is 31.7% for the RF ablation group and 18.3% in this manuscript for same group, but they explain that "however, the DFS for the RF ablation group was longer than our previous result". This is the opposite and should be corrected.

INITIAL REVIEW OF THE MANUSCRIPT

Google Search:

- [] The same title
- [] Duplicate publication
- [] Plagiarism
- [Y] No

BPG Search:



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PEER-REVIEW REPORT

Name of journal: World Journal of Gastrointestinal Oncology

Manuscript NO: 43001

Title: Hepatic resection versus percutaneous radiofrequency ablation of hepatocellular carcinoma abutting right diaphragm

Reviewer’s code: 03119183

Reviewer’s country: China

Science editor: Fang-Fang Ji

Date sent for review: 2018-10-23

Date reviewed: 2018-11-19

Review time: 26 Days

SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION	PEER-REVIEWER STATEMENTS
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	<input type="checkbox"/> Accept	Peer-Review:
<input checked="" type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language polishing	(High priority)	<input checked="" type="checkbox"/> Anonymous
<input type="checkbox"/> Grade C: Good		<input type="checkbox"/> Accept	<input type="checkbox"/> Onymous
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of language polishing	(General priority)	Peer-reviewer’s expertise on the topic of the manuscript:
<input type="checkbox"/> Grade E: Do not publish	<input type="checkbox"/> Grade D: Rejection	<input checked="" type="checkbox"/> Minor revision	<input type="checkbox"/> Advanced
		<input type="checkbox"/> Major revision	<input checked="" type="checkbox"/> General
		<input type="checkbox"/> Rejection	<input type="checkbox"/> No expertise
			Conflicts-of-Interest:
			<input type="checkbox"/> Yes
			<input checked="" type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS

In the current study, the authors performed a retrospective cohort study to compare the long-term therapeutic outcomes between hepatic resection versus percutaneous radiofrequency (RF) ablation for HCCs abutting the diaphragm. They found DFS was



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better in the hepatic resection group Overall, the study is meaningful and useful. Thus, several flaws should be addressed. 1. Pay attention to the spellings, such as "estimated.Prognostic factors for DFSand OSwere analyzed. Complicationswere evaluated." should be "estimated. Prognostic factors for DFS and OS were analyzed. Complications were evaluated.", lots of similar errors exist. 2. What about the response rate for these 5,981 patients? 3. Why not also include the patients between November 2010 and October 2013? If possible, include them.

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PEER-REVIEW REPORT

Name of journal: World Journal of Gastrointestinal Oncology

Manuscript NO: 43001

Title: Hepatic resection versus percutaneous radiofrequency ablation of hepatocellular carcinoma abutting right diaphragm

Reviewer’s code: 02445734

Reviewer’s country: United States

Science editor: Fang-Fang Ji

Date sent for review: 2018-11-19

Date reviewed: 2018-11-20

Review time: 1 Day

SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION	PEER-REVIEWER STATEMENTS
<input type="checkbox"/> Grade A: Excellent	<input checked="" type="checkbox"/> Grade A: Priority publishing	<input type="checkbox"/> Accept	Peer-Review:
<input checked="" type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language	(High priority)	<input checked="" type="checkbox"/> Anonymous
<input type="checkbox"/> Grade C: Good	polishing	<input type="checkbox"/> Accept	<input type="checkbox"/> Onymous
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of	(General priority)	Peer-reviewer’s expertise on the
<input type="checkbox"/> Grade E: Do not	language polishing	<input checked="" type="checkbox"/> Minor revision	topic of the manuscript:
publish	<input type="checkbox"/> Grade D: Rejection	<input type="checkbox"/> Major revision	<input type="checkbox"/> Advanced
		<input type="checkbox"/> Rejection	<input checked="" type="checkbox"/> General
			<input type="checkbox"/> No expertise
			Conflicts-of-Interest:
			<input type="checkbox"/> Yes
			<input checked="" type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS

The authors report retrospectively on 5 year tumor progression (TP), disease free interval (DFI), and overall survival (OS) of patients with right-sided subcapsular and sub-diaphragmatic hepatocellular carcinomas (HCC) treated by radio frequency ablation



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(RF) or by surgical resection. They found that DFI is better in resection, but OS is similar between both modalities. The study should be published because it is reporting on a specific HCC location suggesting that hepatic resection is preferred over RF. 1) The title should include, that only right-sided subcapsular and subdiaphragmatic tumors were included in the study. 2) All nodular lesions on CT should be diagnosed with a targeted core needle biopsy to histologically confirm HCC even though clinical suspicion is warranted per criteria. The advantage of surgical resection over RF is that HCC can be histologically confirmed in the resection specimen, but its difficult to do on RF material. Especially in HepB and HepC patients, nodular appearances on CT may represent regenerative nodules and not HCC. Please add a paragraph outlining this issue. 3) I did not really agree that subdiaphragmatic RF is so much different in the left compared to the right side. Both harbor the risk to induce diaphragmatic transient or permanent thermal injury to the diaphragm causing paraplegia and breathing difficulties. In both cases, artificial ascites can be placed between diaphragm and liver capsule. Please discuss this a little more with reference to previous reports dealing with this issue.

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PEER-REVIEW REPORT

Name of journal: World Journal of Gastrointestinal Oncology

Manuscript NO: 43001

Title: Hepatic resection versus percutaneous radiofrequency ablation of hepatocellular carcinoma abutting right diaphragm

Reviewer's code: 02451157

Reviewer's country: Taiwan

Science editor: Fang-Fang Ji

Date sent for review: 2018-11-19

Date reviewed: 2018-11-27

Review time: 8 Days

SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION	PEER-REVIEWER STATEMENTS
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	<input type="checkbox"/> Accept	Peer-Review:
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<input checked="" type="checkbox"/> Grade C: Good	polishing	<input checked="" type="checkbox"/> Accept	<input type="checkbox"/> Onymous
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of	(General priority)	Peer-reviewer's expertise on the
<input type="checkbox"/> Grade E: Do not	language polishing	<input type="checkbox"/> Minor revision	topic of the manuscript:
publish	<input type="checkbox"/> Grade D: Rejection	<input type="checkbox"/> Major revision	<input checked="" type="checkbox"/> Advanced
		<input type="checkbox"/> Rejection	<input type="checkbox"/> General
			<input type="checkbox"/> No expertise
			Conflicts-of-Interest:
			<input type="checkbox"/> Yes
			<input checked="" type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS

The manuscript entitled " Hepatic Resection versus Percutaneous Radiofrequency Ablation of Small Hepatocellular Carcinoma Abutting Diaphragm: Comparison of Long-term Outcomes and Prognostic Factors" provides interesting information about the



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use of hepatic resection or percutaneous radiofrequency ablation for the treatment of small hepatocellular carcinoma. The general principle of this study is accepted. Some minor concerns need to be addressed. 1. No definition was found for intrahepatic distant recurrence. 2. Too many abbreviations were shown in this manuscript. Authors should check the definition for all of those abbreviations. 3. Please check the English throughout the paper. For example, in abstract, the conclusion could be written as two sentences.

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