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PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Cases

Manuscript NO: 62641

Title: Microwave ablation combined with hepatectomy for the treatment of neuroendocrine tumor liver metastases

Reviewer's code: 03294368
Position: Editorial Board
Academic degree: DSc, MD, PhD
Professional title: Dean, Professor
Reviewer's Country/Territory: Georgia
Author's Country/Territory: China

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Scientific quality	[ ] Grade A: Excellent [ ] Grade B: Very good [Y] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish
Language quality	[ ] Grade A: Priority publishing [Y] Grade B: Minor language polishing [ ] Grade C: A great deal of language polishing [ ] Grade D: Rejection
Conclusion	[ ] Accept (High priority) [ ] Accept (General priority) [ ] Minor revision [Y] Major revision [ ] Rejection
Re-review	[Y] Yes [ ] No
Peer-reviewer statements	Peer-Review: [ ] Anonymous [Y] Onymous Conflicts-of-Interest: [ ] Yes [Y] No

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SPECIFIC COMMENTS TO AUTHORS

The topic of the article is actual. It will undoubtedly interest hepatosurgeons and oncologists as an exciting clinical experience based on advanced technology and making it possible to treat patients who have no longer undergone liver resection. Although we have several questions and notes provided below: It would be desirable, to add CT at least of one case. It is important to indicate all metastasis in the figures. In addition, the levels of pre- and post CT section should be identical to confirm the effect of the treatment. In the paper it is mentioned that 4 patients had metastases only in 1 lobe of the liver. It should be explained why only resection of liver was not performed, especially since the authors themselves point out that resection is the method of choice. The phrase "the tumors were located so deeply in the liver that the risk of liver resection was great" needs to be detailed. In results and discussion the results of statistical processing are less visible. The tables need to be refined. It is not clear what the number of hepatectomy 18 means (table N2). I think it is better to move this section of the text to the introduction: “Radiofrequency ablation combined with hepatectomy treating neuroendocrine tumor liver metastases have been reported by Taner and Elias respectively.[7, 8] Cryoablation combined with hepatectomy treating neuroendocrine tumor liver metastases have been reported by Saxena.[9] Due to the frequent postoperative complications, long operation times, and more complicated operations, compared with radiofrequency ablation and microwave ablation, the use of cryoablation is rare. [10, 11] Compared with radiofrequency ablation, microwave ablation produces higher local temperature and ablation range. Compared with RFA, microwave ablation heat transfer is not affected by tissue carbonization, which makes the heat transfer more rapid and the ablation more complete. The stronger heat generation efficiency of microwave ablation often makes the operation time of microwave ablation shorter. [12]

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In addition, microwave ablation has greater advantages in treating nodules larger than 3 cm and nodules close to large vessels. [13, 14] Therefore, our institution attempts to use microwave ablation combined with hepatectomy to treat neuroendocrine tumor liver metastases. This is the first report about microwave ablation combined hepatectomy treating neuroendocrine tumor liver metastasis". The text below contained definitely interesting data but thought they need to be ordered more logically: "Historical data show that patients with unresectable liver neuroendocrine tumors have a five-year survival rate of only 22%.[15] Ten (90.9%) and eight (72.7%) patients survived respectively in the first year of surgery and three years after surgery in our institution. Taner et al reported that the five-year survival rate and 10-year survival rate of 94 patients with radiofrequency ablation combined with hepatectomy were 80% and 59% respectively.[7] Elias et al reported that the one-year survival rate of 16 patients with radiofrequency ablation combined with hepatectomy was 87.5%.[8] Saxena et al reported that the three-year survival rate and five-year survival rate of 40 patients with cryoablation combined with hepatectomy were 73% and 61% respectively.[9] Research conducted by Zhang et al. showed that the three-year survival rate and five-year survival rate of patients with hepatectomy were 90% and 80% respectively.[6] Therefore, hepatectomy combined with ablation not only expands the surgical indications of patients who do not meet the indications for hepatectomy but also results in a increased survival rate similar to that of hepatectomy. For patients with neuroendocrine tumor liver metastases who are not suitable for hepatectomy, ablation combined with hepatectomy can be used as a new treatment option. In our institution, five (45.5%) patients and two (18.2%) patients survived without progression 1 year after surgery and 3 years after surgery, respectively. The 1-, 3-, and 5-year progression-free survival rates reported by Saxena et al. were 68%, 28%, and 17%, respectively. The 1-year progression-free survival rate reported by Elias et al. is approximately 60%.[8] However,

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Zhang et al reported that the one-year and three-year progression-free survival rates of patients with hepatectomy were 80% and 60%, respectively.[6] Therefore, microwave ablation combined with hepatectomy may lead to a higher recurrence rate than hepatectomy". English language needs to be polished. After correcting these imperfections, we think that the paper can be published and, moreover, it will be of interest to specialists in the relevant

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RE-REVIEW REPORT OF REVISED MANUSCRIPT

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No comments.