

## PEER-REVIEW REPORT

**Name of journal:** *World Journal of Meta-Analysis*

**Manuscript NO:** 77022

**Title:** Outcomes Of Microwave vs Radiofrequency Ablation for Hepatocellular Carcinoma: A Systematic Review and Meta-analysis

**Provenance and peer review:** Unsolicited Manuscript; Externally peer reviewed

**Peer-review model:** Single blind

**Reviewer's code:** 03740244

**Position:** Editorial Board

**Academic degree:** MD

**Professional title:** Professor

**Reviewer's Country/Territory:** Italy

**Author's Country/Territory:** Australia

**Manuscript submission date:** 2022-04-24

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2022-05-15 08:15

**Reviewer performed review:** 2022-05-18 17:09

**Review time:** 3 Days and 8 Hours

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input checked="" type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Language quality	<input checked="" type="checkbox"/> Grade A: Priority publishing <input type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
Conclusion	<input type="checkbox"/> Accept (High priority) <input checked="" type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
Re-review	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No



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<b>Peer-reviewer statements</b>	Peer-Review: [ <input type="checkbox"/> ] Anonymous [ <input checked="" type="checkbox"/> ] Onymous Conflicts-of-Interest: [ <input type="checkbox"/> ] Yes [ <input checked="" type="checkbox"/> ] No
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#### **SPECIFIC COMMENTS TO AUTHORS**

detailed systematic review and meta-analysis that identified 42 studies including eight RCT's and 34 cohort studies involving a total of 6719 subjects suggesting that MWA achieves similar complete ablation rates compared with RFA, as well as lower local recurrence rates and similar overall survival. As some studies have no specified follow up period, this leads to a reduction of the power of evidence of these findings within the first few years post ablation. There are a lot of potential bias in particular in retrospective studies but conclusions are convincing

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**Reviewer's code:** 05391930

**Position:** Peer Reviewer

**Academic degree:** MD

**Professional title:** Chief Doctor, Chief Physician, Professor, Surgeon

**Reviewer's Country/Territory:** China

**Author's Country/Territory:** Australia

**Manuscript submission date:** 2022-04-24

**Reviewer chosen by:** Dong-Mei Wang

**Reviewer accepted review:** 2022-05-24 03:43

**Reviewer performed review:** 2022-06-05 02:46

**Review time:** 11 Days and 23 Hours

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input checked="" type="checkbox"/> Grade E: Do not publish
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statements**

Peer-Review: [ ☒ ] Anonymous [ ☐ ] Onymous

Conflicts-of-Interest: [ ☐ ] Yes [ ☒ ] No

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The authors consider this study to be the most comprehensive and detailed meta-analysis comparing the efficacy and safety of MWA with RFA and includes 8 randomized controlled trials (RCT's) as well as 34 observational cohort studies, both prospective and retrospective, that include a total of 6719 patients. However, the authors did not point out which patients could benefit from MWA and RFA, especially when the tumor diameter was greater than 3 cm, and the safety and efficacy in these patients were not clear. We all know that for liver cancer less than 3 cm, both microwave and radiofrequency ablation can achieve the same radical effect as surgery. Based on this, although this article compares MWA and RFA with similar therapeutic effects, it does not have significant clinical significance. I do not recommend this manuscript for adoption.