



## PEER-REVIEW REPORT

**Name of journal:** *World Journal of Hepatology*

**Manuscript NO:** 81125

**Title:** Ablative Strategies for Recurrent Hepatocellular Carcinoma

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

**Peer-review model:** Single blind

**Reviewer's code:** 01221925

**Position:** Editorial Board

**Academic degree:** AGAF, FACS, FICS, MD, PhD

**Professional title:** Professor

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

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

**Manuscript submission date:** 2022-10-26

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2022-10-26 15:23

**Reviewer performed review:** 2022-10-31 20:55

**Review time:** 5 Days and 5 Hours

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 Grade E: Do not publish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



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statements	Conflicts-of-Interest: [ ] Yes [ <b>Y</b> ] No
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### **SPECIFIC COMMENTS TO AUTHORS**

This is an interesting paper. The authors provide us with a nice overview of the different types of ablation for liver tumors. Could the authors please comment on the following: 1) The authors may wish to consider the differences (if any) in the use of ablation in HCC recurrence versus primary, since this is part of the stated goal of the paper 2) The authors may also wish to discuss a comparison between other locoregional treatment modalities and ablation for recurrent HCC 3) The authors may also wish to include a discussion about the different approaches to ablation (percutaneously, open, minimally invasive)



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**Title:** Ablative Strategies for Recurrent Hepatocellular Carcinoma

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

**Peer-review model:** Single blind

**Reviewer's code:** 06418739

**Position:** Peer Reviewer

**Academic degree:** MD

**Professional title:** Doctor

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

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

**Manuscript submission date:** 2022-10-26

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2022-11-10 00:02

**Reviewer performed review:** 2022-11-11 06:41

**Review time:** 1 Day and 6 Hours

<b>Scientific quality</b>	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
<b>Language quality</b>	<input type="checkbox"/> Grade A: Priority publishing <input checked="" type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
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### **SPECIFIC COMMENTS TO AUTHORS**

The manuscript (Manuscript ID: 81125) by Lin Wang and colleagues entitled “Ablative Strategies for Recurrent Hepatocellular Carcinoma” described the various ablation treatments for recurrent HCC. The authors systematically reviewed the pros and cons of RFA, MWA, HIFU ablation, CRA, IRE, and PEI. Furthermore, this manuscript provided evidence of combination therapy including RFA/MWA+TACE and RFA+PEI, but then the authors do not present both comparisons. The authors should discuss whether RFA+TACE and RFA+PEI are the better combination therapy for 3 to 5cm lesions with liver function compensation.