

## Response to the editors:

Dear Editor,

Please find enclosed the edited manuscript in word format (file name **13971-review**).

**Title:** Long-Term Survival Following Radiofrequency Ablation of Colorectal Liver Metastases; a Retrospective Study

**Authors:** Simeon Niyi Babawale, Thomas Mandøe Jensen, Jens Brøndum Frøkjær

Name of journal: *World Journal of Gastrointestinal Surgery*

**ESPS Manuscript NO:** 13971

Thank you very much for your swift response to our manuscript submitted for publication. It is highly prized that the reviewers' comments were very constructive and tailored to give us all the important suggestions to improving the manuscript. The points raised by the reviewers are valid and we are agreeable to those points. The manuscript has been improved (and the changes made were highlighted in red in the manuscript) based on the suggestions from the reviewers and the editor as follows;

### **Reviewer 1 (reviewer's id: 53888)**

**Comment 1:**"This is a study of 49 patients who underwent RFA to CRC liver metastases between 2005 & 2008. I assume the fact no further patients were included was to allow a 5 year follow up. This is a pity as if the authors had used a KM survival analysis instead of crude survival then additional patients could have been included which would make the data more meaningful. Because of this the number of patients is too small to make any meaningful conclusions."

**Reply to comment 1:** We accede to the fact that the inclusion of small number of patients in our studies did not result in the establishment of foolproof guidelines for RFA treatment of CRLM. However, a section entitled "limitation of the current study" has been added to the manuscript. In that section, we stated that further data are being collated in patients who received RFA of CRLM after 2008. These data will be published in the future large study. The reason for choosing to publish the preliminary data is to stir interest in the research of RFA treatment of CRLM.

**Comment 2:** “My main concern is that the authors do not state how they chose RFA for these patients and excluded them from surgical resection. Surgical resection is the gold standard treatment for CRC liver metastases and unless as part of a clinical trial patients should be offered the gold standard first unless these patients did not have disease amenable to surgical resection or were otherwise unfit. The former seems unlikely looking at the size and number of metastases included.”

**Reply to comment 2:** The sequences of events leading to the commencement of the management of CRC liver metastases in our hospital were quite atypical. Before 2005 we had no local liver surgical services for treatment of liver metastases in our institution and the patients had to be referred elsewhere for surgical resection of liver tumours. That posed additional burden on the hospital services to where the patients were referred. The result of that was long waiting list before patients could access the surgical treatment. The consequences of the long waiting list were quite obvious to all.

In order to offer our patients improved survival, a decision was made locally in 2005 to initiate RFA treatment of CRLM in our hospital. Inspiration on how patients were selected for RFA treatment was drawn from the works of Solbiati et.al (reference nr.3 in the manuscript). RFA treatment of CRLM in our hospital was therefore not designed originally as a clinical trial.

**Comment 3:**“In addition there are a significant number of grammatical errors, for example the first sentence in material & methods, unspecific should read non-specific, etc”

**Reply to comment 3:**

The following have been corrected and highlighted red in the manuscript;

1. Unspecific changed to non-specific: 5<sup>th</sup> line of 2<sup>nd</sup> paragraph of material and methods.
2. Has was changed to have: 6<sup>th</sup> line of 2<sup>nd</sup> paragraph of the section entitled “Evaluation of the present study”
3. Other minor corrections were marked red in the manuscript.

**Reviewer 2 (reviewer`s id: 9064)**

**Comment:**“The basis on which you say that more than 5 mets in the liver and any of size > 40 mm are not suitable for RFA is not clear. The difference in the survival in patients

selected on stricter criteria compared with all the treated patients does not appear statistically significant. The statement thus needs to be moderated.”

**Reply to the comment:** We have added another section to the manuscript entitled “limitation of the current study” explaining the major limitation of our study. The major limitation was inclusion of small number of patients in our study and therefore unable to convincingly provide data to support the proposed selection criteria in the literature. We are still collating data in connection with other patients that received RFA treatment after 2008. These data will be published in the future large study. We have modified the conclusion section of the manuscript accordingly.

### **Changes made in according with the editor’s suggestions**

1. First and second authors’ contact information was added to the title page.
2. Reference list has been modified as suggested.
3. Comments section has been added to the manuscript.
4. Statements relating to academic rules and norms have been added to the title page of the manuscript.
5. DOI and PMID have been added to each reference.

### **Changes made in line with the guidelines in the documents entitled “BPG’s Revision**

#### **Policies for Retrospective study” and “Writing requirements of retrospective study”**

1. Running title has been revised to meet the required word count limit.
2. Name of the first author in our manuscript has been corrected to reflect the correct order of surname and other names.
3. Abstract section was revised to meet the appropriate word count limit.
4. Core tip has been modified.
5. Each table and figure has been moved to individual separate page (N.B 3 tables and 1 figure).
6. Word processing: font size has been changed to 10
7. Reference number 1 has been replaced with a new one. Second and third sentences under the heading “introduction” in the manuscript have been revised accordingly.
8. Number of references per citation has been reduced to  $\leq 5$ .

Thank you once again for publishing our manuscript in the *world Journal of Gastrointestinal Surgery*.

Yours sincerely,



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