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PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Cases

Manuscript NO: 56397

Title: Interobserver Agreement for Contrast-enhanced Ultrasound (CEUS) of Liver Imaging Reporting and Data System: A Systematic Review and Meta-Analysis

Reviewer's code: 00058381
Position: Editorial Board
Academic degree: MD
Professional title: Professor
Reviewer's Country/Territory: Austria
Author's Country/Territory: China

Manuscript submission date: 2020-04-29
Reviewer chosen by: Jia-Ping Yan
Reviewer accepted review: 2020-06-16 07:11
Reviewer performed review: 2020-06-19 14:16
Review time: 3 Days and 7 Hours

Scientific quality	[ ] Grade A: Excellent [ ] Grade B: Very good [Y] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish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) [Y] Minor revision [ ] Major revision [ ] Rejection
Re-review	[ ] Yes [Y] No
Peer-reviewer statements	Peer-Review: [Y] Anonymous [ ] Onymous Conflicts-of-Interest: [ ] Yes [Y] No

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SPECIFIC COMMENTS TO AUTHORS

Overall comment: This manuscript provides a meta-analysis which is, of course, limited by the data available in the literature; as stated by the authors in their conclusion, further research will be needed. Specific comments: Results, first paragraph: "Approximately 22 of the remaining studies were removed" – what is meant by "approximately" in this context? Please check the numbers (Table 1: "48" + "228" is not "272"). Figure 1: From this figure, it is not clear how the reduction from 54 to 35 records was done. Figure 2: Why are only seven studies shown here? Discussion, fifth paragraph: "Barbara Schellhaas et al. used 3 reviewers for interobserver agreement and achieved a satisfactory Kappa value using pairwise comparisons, which is a lower kappa value than the other articles" – "Kappa value"/"kappa value" – please be consistent. References: Parts of the reference list are not according to the guidelines of the journal. Some language polishing is recommended (e.g., Figure 1: "repeat published"; Discussion, third paragraph: "Notably, the CEUS LI-RADS criteria require consideration of the combination two major features to distinguish benign and malignant FLLs, arterial phase hyperenhancement (APHE) and washout"; Discussion, fifth paragraph: "The low Kappa value may because the calculation of Kappa relies on the assumption that a significant proportion of agreement is due to chance, and if a feature is observed very frequently, then a low Kappa value between the observers results"; Discussion, eighth paragraph: "Notably, substantial interobserver agreements for LI-RADS categorization on CEUS were observed i LI-RADS version 2016 and version 2017").

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Reviewer's code: 00182114
Position: Editorial Board
Academic degree: MD, PhD
Professional title: Professor, Surgeon
Reviewer's Country/Territory: Japan
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	[Y] Grade A: Priority publishing [ ] Grade B: Minor language polishing [ ] Grade C: A great deal of language polishing [ ] Grade D: Rejection
Conclusion	[ ] Accept (High priority) [Y] Accept (General priority) [ ] Minor revision [ ] Major revision [ ] Rejection
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SPECIFIC COMMENTS TO AUTHORS

Contrast-enhanced ultrasound (CEUS) represents a significant breakthrough in ultrasonography (US), and it is being increasingly used for the evaluation of focal liver lesions (FLLs). CEUS is unique in that it allows non-invasive assessment of liver perfusion in real time throughout the vascular phase, which has led to dramatic improvements in the diagnostic accuracy of US in the detection and characterization of FLLs, the choice of therapeutic procedures, and the evaluation of response. CEUS is sensitive in detecting small MLC and provides information of tumor features, such as size, number, location, focal infiltration, central necrosis and blood supply. This information is critically helpful in selecting candidates and planning protocol for RFA. Therefore, CEUS may serve as an important auxiliary method for RFA in improving the tumor necrosis outcome and reducing recurrence rate of RFA in MLC. The treatment efficiency of local thermal ablation therapy (including through percutaneous, laparoscopic or intraoperative approaches) on hepatic malignant tumors, both HCC and liver metastases, has been emphasized and affirmed. Unenhanced US is commonly used to guide ablation it is easy to use and widely available. However, CEUS can provide more important information and plays a more significant role in ablation therapy. Therefore, author should write the relationship between CEUS and RFA.