



PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Cases

Manuscript NO: 57591

Title: Percutaneous radiofrequency ablation superior to hepatic resection in patients with small hepatocellular carcinoma

Reviewer's code: 00057742

Position: Peer Reviewer

Academic degree: FACS

Professional title: Docotor

Reviewer's Country/Territory: United States

Author's Country/Territory: China

Manuscript submission date: 2020-06-22

Reviewer chosen by: AI Technique

Reviewer accepted review: 2020-06-23 10:15

Reviewer performed review: 2020-06-23 11:01

Review time: 1 Hour

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 Grade E: Do not publish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 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
Conclusion	<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
Re-review	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Peer-reviewer statements	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No



**Baishideng
Publishing
Group**

7041 Koll Center Parkway, Suite
160, Pleasanton, CA 94566, USA
Telephone: +1-925-399-1568
E-mail: bpgoffice@wjgnet.com
https://www.wjgnet.com

SPECIFIC COMMENTS TO AUTHORS

While I agree with your overall premise and conclusions of your paper I must bring up a few points to increase the validity of the conclusions. First as you mention in your discussion the HR vs PRFA group have different tumor types based on stage and degree of liver disease. It may be more beneficial to propensity match your cases based on TNM stage to ensure similar tumor types and then re-run the statistics to ensure that the results hold true that PRFA outperforms HR for tumors of a similar size, location, number and distribution. I think that if you do this and the results hold true then this will support your conclusion that PRFA should supplant HR for small HCCs as the primary treatment modality. You mention that RFA is the ablation standard of care. While it may be the most popular ablation device worldwide at this time I would argue that it should be replaced by microwave ablation as the ablation method of choice for several reasons which we do not have time to go into here. You mention that PRFA had decreased complications compared to HR. I did not see any of this data represented. It would be helpful to show a table or incorporate some of the complications data into your results section to demonstrate this point. In regards to overall length of stay I am surprised that percutaneous ablations require a 7 day stay in the hospital. At our institution percutaneous ablation and laparoscopic ablations have an average length of stay of 1 day. Lastly, while the writing is overall appropriate there are a few grammatical errors and sentence structure issues. It may be helpful to have it edited by a professional editor to eliminate these issues. I would recommend this paper for publication once these above issues have been addressed and if the results hold true after propensity matching the cohorts.



PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Cases

Manuscript NO: 57591

Title: Percutaneous radiofrequency ablation superior to hepatic resection in patients with small hepatocellular carcinoma

Reviewer's code: 03647881

Position: Editorial Board

Academic degree: MD, PhD

Professional title: Associate Professor, Attending Doctor

Reviewer's Country/Territory: Taiwan

Author's Country/Territory: China

Manuscript submission date: 2020-06-22

Reviewer chosen by: AI Technique

Reviewer accepted review: 2020-06-29 09:30

Reviewer performed review: 2020-07-03 09:14

Review time: 3 Days and 23 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 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
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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Peer-reviewer statements	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No



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SPECIFIC COMMENTS TO AUTHORS

According to our experience, hospital duration is more longer (7.5 days). Thanks.