

PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Oncology

Manuscript NO: 66689

Title: Metastatic Disease to the Liver: Locoregional Therapy Strategies and Outcomes

Reviewer's code: 03270441

Position: Editorial Board

Academic degree: MD, PhD

Professional title: Professor

Reviewer's Country/Territory: China

Author's Country/Territory: United States

Manuscript submission date: 2021-04-02

Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-04-04 04:25

Reviewer performed review: 2021-04-07 09:06

Review time: 3 Days and 4 Hours

Scientific quality	<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 Grade E: Do not publish
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 checked="" type="checkbox"/> Accept (High priority) <input 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
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

SPECIFIC COMMENTS TO AUTHORS

This is a very valuable review that systematically describes the significance, methods and outcomes of local treatment for liver metastases. The review covers a comprehensive method of commonly used local therapies, as well as local therapies for liver metastases such as Colon, breast, and lung cancers, which are most likely to metastasize to the liver. It includes the advantages and disadvantages of each local therapy, and the direction of possible future for clinical research. The article may have an important role in guiding clinical research and work. However, there are some issues that need to be considered as follows: First, “2.1 transdermal vaporization, chemovaporization, and radioization” Line 9, Paragraph 5. Please provide the literature for “the RECIST”. Line 15, Paragraph 5. Please provide the source of “the ESL standard”. Second, “2.2 Ablative Strategies”, Lines 6-8, Paragraph 1, please provide supporting references. Third, “4.4 Ablation in Nelm, 1-5 lines in the first paragraph: “Ablation can be used alone or in conjunction with surgical rehabilitation. When used in conjunction with section, it can both widen the candidates for section and provide debulking in Bilobar disease. Retrospective Study of 16 patients who had a median of 23 liver metastases each were treated with section and RFA and achieved a 3-year OS of 86 percentage.” Reference 58 in Paragraph 1 does give an important clinical indication of local therapies for multiple liver metastases (more than 15 metastases). Given the limitations of the study itself, such as the very small number of cases (only 16), a retrospective study, it is difficult to support the author's point of view (Line 1-3, first paragraph). It is suggested that further detailed analysis of the study and clinical implications of this literature should be conducted so as to avoid misleading the readers. The fact is that not all multiple metastatic liver cancers can be successfully ablated. In real world this is only seen in highly selective cases.

PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Oncology

Manuscript NO: 66689

Title: Metastatic Disease to the Liver: Locoregional Therapy Strategies and Outcomes

Reviewer's code: 03473431

Position: Editorial Board

Academic degree: MD

Professional title: Chief Doctor

Reviewer's Country/Territory: Italy

Author's Country/Territory: United States

Manuscript submission date: 2021-04-02

Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-04-03 04:39

Reviewer performed review: 2021-04-09 17:20

Review time: 6 Days and 12 Hours

Scientific quality	<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
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 type="checkbox"/> Accept (General priority) <input checked="" type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
Re-review	<input checked="" type="checkbox"/> Yes <input 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

SPECIFIC COMMENTS TO AUTHORS

the review is well written and complete. Only a minor comment: regarding ablation of Intrahepatic carcinoma using Radiofrequency exist some suggestion that MWSA is superior to RFA even up to ICC up to 3 and even 4 cm in patients not eligible for surgery (Intrahepatic Cholangiocarcinoma and Thermal Ablation: Long-term Results of An Italian Retrospective Multicenter Study. Giorgio A, Gatti P, Montesarchio L, Santoro B, Dell'Olio A, Crucinio N, Coppola C, Scarano F, Biase F, Ciraci E, Semeraro S, Giorgio V. *J Clin Transl Hepatol*. 2019 Dec 28;7(4):287-292. doi: 10.14218/JCTH.2019.00036. Epub 2019 Nov 27.