

## ESPS PEER REVIEW REPORT

**Name of journal:** World Journal of Gastroenterology

**ESPS manuscript NO:** 11362

**Title:** Radiofrequency Ablation for Hepatocellular Carcinoma in Difficult Locations: 7 Year Outcomes in 382 Patients

**Reviewer code:** 02530754

**Science editor:** Yuan Qi

**Date sent for review:** 2014-05-18 18:47

**Date reviewed:** 2014-05-28 20:17

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> Existing	<input type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C: Good	<input checked="" type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> No records	<input type="checkbox"/> Rejection
<input checked="" type="checkbox"/> Grade D: Fair		BPG Search:	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor	<input type="checkbox"/> Grade D: Rejected	<input type="checkbox"/> Existing	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

## COMMENTS TO AUTHORS

The manuscript by Wei et al evaluated 382 patients with HCC candidates to RFA in order to know whether a more complex technique influence outcome (tumour recurrence and survival). The strengths of this paper are the increased number of patients and the sufficient follow-up. However there are limitations, some of them important, that should be fully addressed: 1- The English should be revised. 2- It is not appropriate to include descriptive values of the patients included in "Methods". This pertains to baseline features of patients and tumour characteristics. These data should be transferred to the section "results". 3- "p" values should be expressed as an exact number (ie.  $p=0.64$ ). Intervals such as  $p>0.05$  or  $p<0.05$  provides inaccurate information and therefore should be changed. This affects either the text and tables/figures. 4- In the tables, percentages should be added to the absolute values for categorical variables. 5- Several protocols and devices were used to perform RFA across the study period. An analysis comparing the outcome for such different schemes should be performed, and this variable controlled in the multivariate analysis (see comment below). 6- Details about the protocol of anaesthesia used may not be necessary. Please consider removing this information. 7- The main limitation of the study is the lack of control for potential confounding factors. Survival may be influenced by liver function, portal hypertension and tumour features, rather than the complexity of the RFA. The use of TACE after RFA may be also considered a potential confounding factor. I strongly recommend using multiple Cox's regression to control for possible



## BAISHIDENG PUBLISHING GROUP INC

8226 Regency Drive, Pleasanton, CA 94588, USA

Telephone: +1-925-223-8242

Fax: +1-925-223-8243

E-mail: [bpgoffice@wjgnet.com](mailto:bpgoffice@wjgnet.com)

<http://www.wjgnet.com>

---

confounding factors. This analysis would reinforce the idea that RFA is also useful for difficult locations. 8- Surgical resection is becoming an option even for patients with portal hypertension with excellent outcomes (Gianini Liver Int 2013 and Cuccetti Ann Surg 2009 among others). Furthermore a tumour >3 cm has an increased risk of HCC recurrence with RFA. The authors should further discuss the criteria for selecting patients for RFA, and why these patients were not considered for liver resection. 9- The discussion should be shortened. It includes too much information which difficult the reading.

## ESPS PEER REVIEW REPORT

**Name of journal:** World Journal of Gastroenterology

**ESPS manuscript NO:** 11362

**Title:** Radiofrequency Ablation for Hepatocellular Carcinoma in Difficult Locations: 7 Year Outcomes in 382 Patients

**Reviewer code:** 02527808

**Science editor:** Yuan Qi

**Date sent for review:** 2014-05-18 18:47

**Date reviewed:** 2014-05-31 10:41

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> Existing	<input type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C: Good	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> No records	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	BPG Search:	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input type="checkbox"/> Existing	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

## COMMENTS TO AUTHORS

The manuscript is very interesting presenting valuable practice in the field of intervention management of HCC showing excellent presentation & detailed description of the methods & techniques used. However some points must be considered : - The title of the paper focus on the comparison between radiofrequency in difficult HCC cases in comparison to the non difficult one, so other ttt options must be excluded from the study like TACE & surgical resection. When the patients characteristics were revised you observe some patients had past history of TACE or surgical resection while other patients were subjected to combined ttt at the same time. The percentage of those patients exceed 25% of total cases. These cases were better to be excluded to avoid bias of the results or change the title of the manuscript to include the comparison of all ttt options with each others and classify the patients into either isolated radiofrequency or radiofrequency with other options. = The radiofrequency is not a good option for cases above 5 cm & at least microwave for example perform good ablation . - A comparison must be made between different techniques of radiofrequency , also the number of sessions of radiofrequency must mentioned in results . - This statements (There were no statistically significant differences in clinic pathological characteristics between the two groups.) must be mentioned in the results section & term (Clinic pathologic )is not appropriate. -extensive language editing is needed. - the sectin of discussion must be brief without unnecessary details.

## ESPS PEER REVIEW REPORT

**Name of journal:** World Journal of Gastroenterology

**ESPS manuscript NO:** 11362

**Title:** Radiofrequency Ablation for Hepatocellular Carcinoma in Difficult Locations: 7 Year Outcomes in 382 Patients

**Reviewer code:** 02860590

**Science editor:** Yuan Qi

**Date sent for review:** 2014-05-18 18:47

**Date reviewed:** 2014-06-24 09:15

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> Existing	<input type="checkbox"/> High priority for publication
<input checked="" type="checkbox"/> Grade C: Good	<input checked="" type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> No records	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	BPG Search:	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input type="checkbox"/> Existing	<input checked="" type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

## COMMENTS TO AUTHORS

Article – Radiofrequency Ablation for Hepatocellular Carcinoma in Difficult Locations: 7 Year Outcomes in 382 Patients The topic is of general interest because local ablation is considered the first line treatment option for patients at early stages not suitable for surgical therapies. My specific queries and comments are below: ? Please, get a native English speaker to check the English used in the paper. Various sentences should be reviewed due to grammatical error. Title: The title is so long. Can the authors please provide a title more centred on the objective of the article? Abstract: The characteristics of the two groups are not well described such as age, sex, severity of baseline disease and presence of other comorbidities. Furthermore, the text should be reviewed due to grammatical error. Introduction: The introduction is under-elaborated. There is limited information regarding a theoretical framework that grounds the research. ? Pg 5, lines 92-95: “The efficacy of individual RF strategies established considering tumour size, morphology, anatomic relations and other factors was explored to determine the value of RFA for the treatment of difficult tumors.” The objective should be rephrased; “other factors” should be determined. Materials and methods: ? Pg 6, Inclusion Criteria and Definition: Can you clarify this part of the text? ? Pg 7, lines 140-142: The Materials and methods section and result section are conflated. ? Treatment strategy and procedure: Please, this part should be rewritten and it is necessary to be more objective. ? Pg 8, lines 183-188: Some patients were submitted to more than one modality of treatment. It could represent a bias. Please, clarification



## BAISHIDENG PUBLISHING GROUP INC

8226 Regency Drive, Pleasanton, CA 94588, USA

Telephone: +1-925-223-8242

Fax: +1-925-223-8243

E-mail: [bpgoffice@wjgnet.com](mailto:bpgoffice@wjgnet.com)

<http://www.wjgnet.com>

---

should be provided for this issue. Results: The result section is under-elaborated. The data should be analysed in profundity. The groups are heterogeneous. Some patients were submitted to more than one modality of treatment. On other hand, others patients were submitted to one modality of treatment, but more than one occasion. These particularities should be evaluated during the analysis of the data. Discussion: The discussion is so long. Can the authors please provide a discussion more centred on the results and their analysis? ? Accept but needs revision (major and minor).

## ESPS PEER REVIEW REPORT

**Name of journal:** World Journal of Gastroenterology

**ESPS manuscript NO:** 11362

**Title:** Radiofrequency Ablation for Hepatocellular Carcinoma in Difficult Locations: 7 Year Outcomes in 382 Patients

**Reviewer code:** 02860618

**Science editor:** Yuan Qi

**Date sent for review:** 2014-05-18 18:47

**Date reviewed:** 2014-06-24 19:37

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> Existing	<input type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C: Good	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> No records	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	BPG Search:	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input type="checkbox"/> Existing	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

## COMMENTS TO AUTHORS

The manuscript by Yang Wei and co-workers aimed at evaluating HCC patients treated by RFA in order to investigate the long-term outcomes (tumour recurrence and survival) in normal or high risk HCC location groups. This study is very similar to a previously published work (Teratami T, Hepatology, 2006). Even though the Authors cite this manuscript. I consider that their paper can be published after major modifications that point out the differences with the previous work. Moreover, it needs a deep revision by an English native speaker.