

## ESPS PEER-REVIEW REPORT

**Name of journal:** World Journal of Gastrointestinal Pharmacology and Therapeutics

**ESPS manuscript NO:** 27300

**Title:** Local ablative treatments for hepatocellular carcinoma: An updated review

**Reviewer's code:** 03502119

**Reviewer's country:** United States

**Science editor:** Xue-Mei Gong

**Date sent for review:** 2016-05-23 09:53

**Date reviewed:** 2016-05-26 05:42

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input checked="" type="checkbox"/> Grade A: Excellent	<input checked="" type="checkbox"/> Grade A: Priority publishing	Google Search:	<input checked="" type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<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"/> Duplicate publication	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input checked="" type="checkbox"/> Plagiarism	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		[ Y] No	<input type="checkbox"/> Major revision
		BPG Search:	
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		[ Y] No	

## COMMENTS TO AUTHORS

Excellent, comprehensive review of the mechanisms and clinical evidence supporting thermal ablation for hepatocellular carcinoma. The authors also appropriately discuss complementary topics including pharmacologic and intra-arterial combination therapies. Minor comments are as follows: 1. Introduction: Please remove the temperature ranges for the definitions of hyperthermic and hypothermic, since some modalities, i.e. microwave, routinely achieve temperatures > 100C. 2. I do not necessarily consider ascites as an absolute contraindication to thermal ablation, though certainly these patients typically have severely compromised liver function. 3. The authors mention that 1cm margins should be achieved, but this is not necessarily the case for all HCC. Recommend a brief discussion (1-2 sentences) on this topic, with reference to other reviews, for example Wells, S. A. et al. Liver Ablation: Best Practice. Radiol Clin North Am 53, 933-971 (2015). 4. Recommend a brief section on the mechanism and (theoretical) role of irreversible electroporation 5. Add the following references: a. Role of RFA in liver transplant, mentioned in Introduction: Sheth, R. A. et al. Role of Locoregional Therapy and Predictors for Dropout in Patients with Hepatocellular Carcinoma Listed for Liver Transplantation. J Vasc Interv Radiol 26, 1761-1768 (2015). b. Margins for ablation: Wells, S.



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A. et al. Liver Ablation: Best Practice. Radiol Clin North Am 53, 933-971 (2015). c. Laser ablation (primarily metastases but also includes HCC): Vogl, T. J., Straub, R., Eichler, K., Woitaschek, D. & Mack, M. G. Malignant Liver Tumors Treated with MR Imaging-guided Laser-induced Thermoablation: Experience with Complications in 899 Patients (2,520 lesions)1. Radiology 225, 367-377 (2002).

## ESPS PEER-REVIEW REPORT

**Name of journal:** World Journal of Gastrointestinal Pharmacology and Therapeutics

**ESPS manuscript NO:** 27300

**Title:** Local ablative treatments for hepatocellular carcinoma: An updated review

**Reviewer's code:** 02937214

**Reviewer's country:** China

**Science editor:** Xue-Mei Gong

**Date sent for review:** 2016-05-23 09:53

**Date reviewed:** 2016-06-03 10:48

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input checked="" type="checkbox"/> Grade A: Excellent	<input checked="" type="checkbox"/> Grade A: Priority publishing	Google Search:	<input checked="" type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<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"/> Duplicate publication	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input type="checkbox"/> Plagiarism	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input checked="" type="checkbox"/> No	<input type="checkbox"/> Major revision
		BPG Search:	
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

## COMMENTS TO AUTHORS

The presentation reflects the present state of knowledge and the data are attained from a large amount of literature and author's group supported by the line of reasoning. The description in the text is very clear and easy to follow. The graphical presentation is truthful and easy to understand. The table present data is also clear and truthful. I recommend to consideration for the publication of this article. However it requires some minor revisions prior to its publication, for details see below.

(1) Mechanism of action and equipment of radiofrequency ablation-suggest to delete , it is overlong.

(2) Adverse events of RFA- This part is too simple which can't introduce some common complications including decreased heart rate and local pain etc. it is benefit to clinical doctor.

## ESPS PEER-REVIEW REPORT

**Name of journal:** World Journal of Gastrointestinal Pharmacology and Therapeutics

**ESPS manuscript NO:** 27300

**Title:** Local ablative treatments for hepatocellular carcinoma: An updated review

**Reviewer's code:** 03488616

**Reviewer's country:** Egypt

**Science editor:** Xue-Mei Gong

**Date sent for review:** 2016-05-23 09:53

**Date reviewed:** 2016-06-10 21:05

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

## COMMENTS TO AUTHORS

This is a well written manuscript illustrating in detail the local ablative therapies for early HCC with a focus on RFA in comparison with other thermal techniques. I see that this review is very illustrative and collected many previous studies concerning the issue. However, what is the difference between this review and others published in the same topic like (PMCID: PMC4284241)? I think that the authors should highlight the major new points that will add to the field.