



# Baishideng Publishing Group Co., Limited

Flat C, 23/F., Lucky Plaza,  
315-321 Lockhart Road,  
Wan Chai, Hong Kong, China

## ESPS Peer-review Report

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

**ESPS Manuscript NO:** 5518

**Title:** Transplantation, Resection, or/and Ablation---the Value of radiofrequency ablation in the radical cure for hepatocellular carcinoma

**Reviewer code:** 00053659

**Science editor:** Ma, Ya-Juan

**Date sent for review:** 2013-09-12 15:30

**Date reviewed:** 2013-09-12 19:39

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
[ ] Grade A (Excellent)	[ ] Grade A: Priority Publishing	Google Search:	[ ] Accept
[ ] Grade B (Very good)	[ ] Grade B: minor language polishing	[ ] Existed	[ ] High priority for publication
[ ] Grade C (Good)	[ Y] Grade C: a great deal of language polishing	[ ] No records	[ ] Rejection
[ ] Grade D (Fair)	[ ] Grade D: rejected	BPG Search:	[ ] Minor revision
[ Y] Grade E (Poor)		[ ] Existed	[ ] Minor revision
		[ ] No records	[ Y] Major revision

## COMMENTS TO AUTHORS

Dr. Feng and Ma reported an expert impression of RF devise for surgical management of HCC as a review. See my following comments and unfortunately this paper should not accept current form. In liver transplantaion: If you would like to present an indication and results of liver transplantation including perioperative local management of the HCC, you should present more clearly. Otherwise, this is just your expert impression and so many reviews have been already available. I suggest that you should make an original table which readers could understand most your opinions just seeing it. In hepatectomy: Indication for RFA or hepatectomy has been unclear. I recommend to make an algorism how we should select a treatment for HCC depending on tumor characters and liver function. RFA combined with LR: You should make a table for this part again. RF-assisted hepatectomy Figure 2 is not original and from "The Aim of Technology During Liver Resection – A Strategy to Minimize Blood Loss During Liver Surgery. By Fabrizio Romano, Mattia Garancini, Fabio Uggeri, Luca Gianotti, Luca Nespoli, Angelo Nespoli and Franco Uggeri. DOI: 10.5772/54301". This is totally unaccepted. Copy of any figs and photos from anything is against common sense. You should replace it. In addition, you should not present your results in detail. Because this is review paper. Most data should be published and admitted already. If you would like to present your data, you should write original report. There are so many grammatical errors and references were duplicated.



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

**ESPS Manuscript NO:** 5518

**Title:** Transplantation, Resection, or/and Ablation---the Value of radiofrequency ablation in the radical cure for hepatocellular carcinoma

**Reviewer code:** 00505510

**Science editor:** Ma, Ya-Juan

**Date sent for review:** 2013-09-12 15:30

**Date reviewed:** 2013-09-18 13:47

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A (Excellent)	<input checked="" type="checkbox"/> Grade A: Priority Publishing	Google Search:	<input checked="" type="checkbox"/> Accept
<input checked="" type="checkbox"/> Grade B (Very good)	<input type="checkbox"/> Grade B: minor language polishing	<input type="checkbox"/> Existed	<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"/> Existed	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

## COMMENTS TO AUTHORS

This review paper demonstrated the role of RFA among various treatment, such as resection and transplantation, in the treatment of hepatocellular carcinoma. The manuscript is well written and well organized overall, and no major problem is found. The following minor suggestions are given to the authors. The manuscript would be strengthened by the inclusion of tables summarizing the results referred to mentioned matters in each paragraph. These may be helpful for readers.



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

**ESPS Manuscript NO:** 5518

**Title:** Transplantation, Resection, or/and Ablation---the Value of radiofrequency ablation in the radical cure for hepatocellular carcinoma

**Reviewer code:** 01550488

**Science editor:** Ma, Ya-Juan

**Date sent for review:** 2013-09-12 15:30

**Date reviewed:** 2014-02-08 07:42

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"/> Existed	<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"/> Existed	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

## COMMENTS TO AUTHORS

This is a well-written review on the use of RFA for HCC. Even though it is a timely review, the authors appear to be fans of the technique, which sometimes makes them lack objectivity. I would ask them to state in their introduction not only that RFA is an interesting technique (which it clearly is) but also that only few RCT's have been performed in this field and that definitive data of good quality are largely lacking for this technique for many questions (in particular for the neo-adjuvant RFA for patients on the OLT waiting list. Further specific comments see below. Specific comments: -page 5, lower half: the authors should not overstate the evidence: there is no clear indication that there is no benefit for OLT if patients remain on the waiting list untreated for more than 6-10 months (ref. 31); on the contrary, there is no evidence that treatment on the list really confers any survival advantage to patients on the waiting list. This is all circumstantial evidence but no proof. This would require a randomized trial of sufficient size, which has not been performed so far. All other evidence is rather invalid, since fraught with multiple confounders. So the whole paragraph needs rephrasing and toning down: it is possible that treatment on the waiting list could be beneficial, but there is no evidence so far that this is really the case. E. f. "if waiting times exceed 6-10 months, locoregional treatments might slow down tumor progression." Etc.



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

**ESPS Manuscript NO:** 5518

**Title:** Transplantation, Resection, or/and Ablation---the Value of radiofrequency ablation in the radical cure for hepatocellular carcinoma

**Reviewer code:** 00183029

**Science editor:** Ma, Ya-Juan

**Date sent for review:** 2013-09-12 15:30

**Date reviewed:** 2014-02-08 09:25

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"/> Existed	<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"/> Existed	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

## COMMENTS TO AUTHORS

In the present manuscript the authors performed literature review to evaluate the role of radiofrequency ablation (RFA) for the treatment of hepatocellular carcinoma (HCC) and to compare the short and long term results of RFA treatment to liver resection. The authors concluded that RFA has important role in the treatment of HCC, primarily due to its excellent local tumor control.

1) Although this is a diligent and comprehensive review of the topic, no much innovative ideas or concepts can be recognized. Drawing far-reaching conclusions from insufficient, evolving data are major limitations of this review.

2) It is not clear from the Title " Value of radiofrequency ablation in radical cure of hepatocellular carcinoma", what the meaning of "radical cure" may be.

3) In the abstract, the sentences of "RFA has become the most widely used local thermal ablation method in recent years because of its technical ease, safety, excellent local tumor control, .....), is contradictory to the subsequent sentence of " The presence of a residual tumor is the most important limiting factor impacting RFA effectiveness".

4) On page 8, the third sentence " Most of these clinical trials were retrospective studies with insufficient probative value of evidence-based medicine" is misleading. By definition, clinical trials are prospective biomedical or behavioral research studies on human subjects.

5) In Figure 3, what is the operative procedures performed for the patient? It seems that a major liver resection (possibly liver right lobectomy) was performed for a patient with cirrhotic liver and with an apparently small remnant liver as shown in the Figure. The personal experience described on page 11 (Paragraph "RFA-assisted hepatectomy") should be preliminary. The authors definitely state that this technique minimizes the loss of functional liver parenchyma but offer no support of this statement. This is somewhat disturbing because of the lack of data supporting such a statement.



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

**ESPS Manuscript NO:** 5518

**Title:** Transplantation, Resection, or/and Ablation---the Value of radiofrequency ablation in the radical cure for hepatocellular carcinoma

**Reviewer code:** 02540061

**Science editor:** Ma, Ya-Juan

**Date sent for review:** 2013-09-12 15:30

**Date reviewed:** 2014-02-10 17:07

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 checked="" type="checkbox"/> Grade B: minor language polishing	<input type="checkbox"/> Existed	<input type="checkbox"/> High priority for publication
<input checked="" 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)		BPG Search:	<input checked="" type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)	<input type="checkbox"/> Grade D: rejected	<input type="checkbox"/> Existed	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

## COMMENTS TO AUTHORS

Dear Editor, This review by Kai Feng and Kuansheng Ma summarizes nicely data and opinions about the ?Value of radiofrequency ablation in radical cure of hepatocellular carcinoma. However, there are few points of concern. (1) The use of RFA as discussed in the manuscript is not inevitably “radical”, therefore I suggest adapting the title. (2) Because of its relevance the authors should add numbers on overall patient survival and disease-free survival for the treatment modalities. (3) Data on the complication rate and morbidity of RFA are completely missing as well as about the repetitive use of RFA for larger tumors or in case of recurrence.