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ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology
ESPS manuscript NO: 30562
Title: Percutaneous Electrochemotherapy in the treatment of Portal Vein Tumor Thrombosis at Hepatic hilum in patients with hepatocellular carcinoma on cirrhosis : a feasibility study
Reviewer's code: 03538934
Reviewer's country: Brazil
Science editor: Yuan Qi
Date sent for review: 2016-10-10 20:57
Date reviewed: 2016-10-16 03:07

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
[ ] Grade A: Excellent	[ ] Grade A: Priority publishing	Google Search:	[ ] Accept
[ ] Grade B: Very good	[Y] Grade B: Minor language polishing	[ ] The same title	[ ] High priority for publication
[Y] Grade C: Good	[ ] Grade C: A great deal of language polishing	[ ] Duplicate publication	[ ] Rejection
[ ] Grade D: Fair	[ ] Grade D: Rejected	[ ] Plagiarism	[ ] Minor revision
[ ] Grade E: Poor		[Y] No	[Y] Major revision
		BPG Search:	
		[ ] The same title	
		[ ] Duplicate publication	
		[ ] Plagiarism	
		[Y] No	

COMMENTS TO AUTHORS

Dear authors, First of all, I would like to congratulate you for the interesting and relevant manuscript. These are my commentaries and suggestions in order to improve your study. 1) A biopsy is not necessary to confirm HCC diagnosis in patients with typical enhancement pattern at computed tomography. Nevertheless, all patients in the study had a biopsy prior to therapy. What is the authors explanation for that? Was the biopsy really necessary or maybe it could had been avoided? 2) Some important data are not presented. First of all, authors did not provide a flow chart showing how many patients were evaluated for the study, how many were excluded and for what reasons they were excluded. This is very important for the readers to understand the applicability of the study. From all patients with HCC and PVTT, how many would be good candidates for ECT? Patients baseline characteristics are not sufficiently clear. There is no data about laboratory tests (albumin, bilirrubin, INR, platelets, alpha-feto protein levels), esophagogastroduodenoscopy results and performance status (ECOG and/or Karnofsky). 3) It is not clear why patients 3 and 5 where

included in the study and treated with ECT. The first inclusion criteria is "absence of indications to Sorafenib therapy (Child B/C class) or intolerance to previous Sorafenib therapy". Both patients do not fulfill this criteria. They were Child-Pugh A5 and according to current guidelines should have been treated with Sorafenib. Nevertheless, they did not receive any prior therapy and were treated with ECT. 4) In the conclusions section, the risks of the ECT procedure should be emphasized. In 1 out of 6 patients (16.7%), there was a late fatal complication of the treatment (patient 4 - bland portal vein thrombosis with variceal bleeding 5 weeks after treatment). This is an important concern about the safety of ECT. 5) Authors need to review some language issues such as: a) Page 1, Title: Percutaneous Electrochemotherapy in the treatment of Portal Vein Tumor Thrombosis at Hepatic hilum in patients with hepatocellular carcinoma on in cirrhosis : a feasibility study b) Page 2, Abstract (Results): In 2 patients, the follow-up CT and CEUS demonstrated complete recanalization of the treated PVTT c) Page 4, Introduction: Hepatocellular carcinoma (HCC) is the sixth most common cancer and the third most frequent oncologic cause of cancer death worldwide d) Page , ECT Procedure: We performed ECT under in general anesthesia, with intubation. e) US guided percutaneous biopsy of the PVTT with a 21 gauge Chiba needle (ecojekt, HS Hospital service, Rome, Italy) was performed in all patients before to the start of ECT. f) Page 8: The scheduled follow-up in all patients entailed: monthly color-Doppler US (CDUS) for 3 months after treatment. g) Page 10: However, the patient was lost at to follow-up because of death from gastrointestinal hemorrage five weeks after ECT treatment. h) Patients' histories: Use "year-old" instead of "years-old" and "gastroesophageal" instead of "gastro-aesophageal". i) Page 11, Patient 4: use the initials COPD instead of Chronic Obstructive Pulmonary Disease. j) Discussion: use "authors" instead of "Authors".

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		[ ] Plagiarism	
		[Y] No	

COMMENTS TO AUTHORS

HCC patients with portal vein tumor thrombus (PVTT) usually have poor prognosis for absence of effective satisfying treatment measures. This article entitled " Percutaneous Electrochemotherapy in the treatment of Portal Vein Tumor Thrombosis at Hepatic hilum in patients with hepatocellular carcinoma on cirrhosis : a feasibility study" by Tarantino L et al. showed that "In patients with cirrhosis, ECT seems effective and safe for curative treatment of Vp3-Vp4 PVTT from HCC". This paper provides new method of the PVTT treatment in patients with advanced HCC. Therefore, it is recommended to be published. Overall suggestion: minor revision Considering the small size in this study, in order to make the results have more practical reference value to clinical work, please complement the detailed clinical data of the patients, such as serum AST/ALT, albumin, bilirubin, prothrombin time activity, serum creatinine, and routine blood count etc.

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COMMENTS TO AUTHORS

1. Thank you for the opportunity to review this manuscript. 2. Do the authors have any experience on IRE technology and where is the difference between these two techniques in terms of cellular functions and mechanisms? 3. Have they tried ECT in different disease settings-malignancies? 4. The number of this series is indeed restricted but i think that a comparison between techniques and disease settings could be more informative. These technologies are relatively new and HPB surgeons are still reluctant on using them. Our experience on IRE and HPB surgery is positive. We still try to answer the underlying mechanisms of such positive results