



ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 14634

Title: Contra-lateral liver lobe hypertrophy after unilobar Y90 radioembolization: An alternative to portal vein embolization?

Reviewer's code: 02980906

Reviewer's country: Netherlands

Science editor: Jing Yu

Date sent for review: 2014-10-18 15:04

Date reviewed: 2014-10-23 00:25

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	PubMed Search:	<input 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		[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

This is a very well written, to-the-point, yet comprehensive editorial on the different techniques to induce contralateral hypertrophy in candidates for liver surgery. The authors did a great job summarizing the pro's and con's of using radioembolization, portal vein embolization or ALPPS for this purpose. I expect readers of this journal to read this editorial with great interest, since some of them may not be familiar with the possibilities of using radioembolization to treat the diseased liver, and simultaneously induce hypertrophy on the contralateral liver lobe. Nonetheless, I would encourage the authors to considering the following revisions:

- Some readers may not be familiar with the specific requirements to perform 'radiation lobectomy' with yttrium-90 microspheres. Please add a short paragraph on 'how it's done' (glass vs. resin microspheres, dosimetry etc).
- Another benefit of using radioembolization instead of PVE to induce hypertrophy is that patients are exposed to the test of time. A significant number of patients that are scheduled for liver surgery after PVE, prove to be irresectable in the end (open-close procedures or clinical deterioration). With radioembolization, the time to surgery is longer. Those that are still in good condition and



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disease-free in the contralateral lobe at time of surgery are the real surgery candidates. Those that have developed tumors in the contralateral side in the meantime, have already received treatment in the initially diseased liver lobe and can receive additional treatment in the contralateral lobe. In my opinion, reflection on this benefit would further strengthen the editorial. - You've used 'instead' twice in the first sentence of the last paragraph.



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Name of journal: World Journal of Gastroenterology

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Title: Contra-lateral liver lobe hypertrophy after unilobar Y90 radioembolization: An alternative to portal vein embolization?

Reviewer's code: 02669803

Reviewer's country: Singapore

Science editor: Jing Yu

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CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input checked="" type="checkbox"/> Grade A: Priority publishing	PubMed 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"/> 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"/> No	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		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

Congratulations for your excellent review.



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Reviewer's country: United States

Science editor: Jing Yu

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CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	PubMed Search:	<input 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
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<input type="checkbox"/> Grade E: Poor		[Y] No	<input type="checkbox"/> Major revision
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		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		[Y] No	

COMMENTS TO AUTHORS

This is an extremely well written manuscript. It is objective, comprehensive and thought-provoking. Such interventional procedures are being performed more and more especially with the recent surge in the use of Therasphere Y-90 beads. This manuscript will encourage others to publish their own data on FLR hypertrophy following Y-90 treatment.



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Name of journal: World Journal of Gastroenterology

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Title: Contra-lateral liver lobe hypertrophy after unilobar Y90 radioembolization: An alternative to portal vein embolization?

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Reviewer's country: France

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CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
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		<input type="checkbox"/> Plagiarism	
		<input type="checkbox"/> No	

COMMENTS TO AUTHORS

Thanks for this clear and comprehensive review of the subject, and for this proposal of different indication for the 2 strategies. I personally think that the 62% of hypertrophy in the Garlipp comparison study is one of the highest increase seen with PVE, and that the "real" difference between PVE and radioembolization would probably be less impressive; however, you clearly stated that the retrospective nature of their study would induce some bias.