

ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 5980

Title: Single HCC \leq 3 cm in Left Lateral Segment: Liver Resection or Radiofrequency Ablation?

Reviewer code: 00227509

Science editor: Cui, Xue-Mei

Date sent for review: 2013-09-30 16:51

Date reviewed: 2013-10-08 11:31

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 manuscript is partially interesting. However, several points should be clarified before publication. 1 The authors should re-investigate the results in terms of <2 cm and <3 cm of HCC size. 2. The authors should describe whether or not liver function was difference between 2 groups. 3. The authors should describe a reason why PIVKA-II is an indicator for RFA treatment.

ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 5980

Title: Single HCC \leq 3 cm in Left Lateral Segment: Liver Resection or Radiofrequency Ablation?

Reviewer code: 00708912

Science editor: Cui, Xue-Mei

Date sent for review: 2013-09-30 16:51

Date reviewed: 2013-10-10 02:47

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A (Excellent)	<input type="checkbox"/> Grade A: Priority Publishing	Google Search:	<input checked="" 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)	<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

The paper is relevant to this journal, and in general well written. Below a few minor comments:
 -please clarify in abstract/purpose that this is a retrospective study -Results: 'recruited' is not appropriate term, since this was a retrospective study -Discussion: 'Many studies reported...' - please provide additional references, currently just one study is listed -'This study showed that disease free and overall survival...' - revise to 'This study suggests....', since this was not randomized controlled trial and definite conclusions are not possible

ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 5980

Title: Single HCC \leq 3 cm in Left Lateral Segment: Liver Resection or Radiofrequency Ablation?

Reviewer code: 00505482

Science editor: Cui, Xue-Mei

Date sent for review: 2013-09-30 16:51

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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"/> Grade D (Fair)		BPG Search:	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade E (Poor)	<input type="checkbox"/> Grade D: rejected	<input type="checkbox"/> Existed	<input type="checkbox"/> Minor revision
		<input type="checkbox"/> No records	<input checked="" type="checkbox"/> Major revision

COMMENTS TO AUTHORS

The authors compared the outcome of liver resection (left lateral sectionectomy, LLS) vs. radiofrequency ablation (RFA) for single HCC \leq 3 cm in left lateral segments. 133 patients treated in a short time interval (2006-2010) were analyzed: 66 had LLS, 67 RFA. Liver resection was associated with longer hospital stay, but achieved better overall and disease-free survival results. At multivariate analysis, PIVKA-II levels and tumor size were associated with HCC recurrence. The authors concluded that liver resection is the best treatment option, but RFA could be considered in patients with low PIVKA-II levels. The topic is interesting, but I have some major comments: 1. The two groups of patients were not comparable in terms of liver function. Even if all patients were Child-Pugh A, a lower liver function was evident in RFA group (higher ICG-R15, lower platelet count, lower albumin). What about portal hypertension in the two groups? What about cirrhosis? It could impact long-term results. 2. In order to clarify the effectiveness of RFA, local recurrences have to be considered. It has been reported in the discussion, but no data are available in the results (hepatic recurrences were globally considered). 3. The conclusions are not supported by the data. Why low PIVKA-II levels should be in favor of RFA? 4. Theoretically, liver resection can be performed as a salvage treatment after RFA failure. In multifocal or extensive recurrence or liver function deterioration may preclude this option. In the present study only two patients with recurrence after RFA had resection. Please comment. 5. An analysis for HCC lower than 2 cm could be interesting. In such patients the difference between RFA and liver resection could disappear. Minor comments 1. Please comment about the possibility to perform LLS by laparoscopy. It is considered the standard by many authors. Did any patients have laparoscopic resection? 2. The number of patients with recurrence and the number of treatments of recurrences are not the same. In

the RFA group 35 patients had recurrence, but treatment was RFA in 18, TACE in 21 and resection in 2. In LLS group, 23 patients had recurrence, but treatment was TACE in 13, RFA in 9 and resection in 2. Please verify. 3. The authors stated: "The 3-year disease-free survival rate was 60.0% in the LLS group, but only 39.6% in the RFA group ($P=0.050$). The disease-free survival curve was better for the LLS than the RFA group (Figure 1; $P=0.012$)"; "The 3-year overall survival rate was 93.3% in the LLS group and 74.4% in the RFA group ($P=0.018$). The overall survival curve was higher for the LLS group than the RFA group (Figure 2; $P=0.013$).". From a statistical point of view, I think that a single p value should be reported. The direct comparison of 3-year overall survival and 3-year disease-free survival rates is possible only among patients with complete 3-year follow-up. I think this is not the case. I suggest reporting only the p value of log-rank test.