

ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 5598

Title: Radiofrequency ablation as treatment for pulmonary metastasis of colorectal cancer

Reviewer code: 02662478

Science editor: Zhai, Huan-Huan

Date sent for review: 2013-09-17 19:09

Date reviewed: 2013-09-22 05:28

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

WJG - RFA colorectal lung metastases Dear Authors, The paper is well written, however in many cases the content seems too basic or simple. Specific comments are given below. Abstract: A lot of statements are made without any references. Reasons for local recurrence of tumor are not commented. I miss the average survival rates without RFA treatment in order to evaluate risk-benefit. Surgery is still the method of choice in curative intended treatment. Although the treatment may be repeated the high risk of pneumothorax has to be taken into account. Text: Background and rationale: Page 4, second paragraph: seems irrelevant - please omit. Page 4, third paragraph, line 5-6: Surgery is considered the treatment of choice in curative intended treatment. Please rephrase the sentences. Page 5, first paragraph: Please consider here or in the discussion, why some people are not suitable for surgery and what would be the benefit of RFA instead? Would it be feasible? Principle of lung RFA: Should be shortened. Page 5, line 28: Please include references. Page 6, line 5-6: Please include references to this statement. Lung RFA techniques: Should be shortened (could be combined with the "principle of lung RFA"). Very few relevant comments are given in this section and in the section above. Page 6, fourth paragraph: This information seems too basic. Page 7, line 8-10: Please include references to published papers on follow-up (for instance Fereidoun G. Abatin et al. Radiographics 2012) Radiological evaluation of local efficacy: Please include references to the statements made in this paragraph. Several (review) papers are published on this topic. Review of studies on RFA of pulmonary metastases from colorectal cancer: Unfortunately, I am unable to see the entire table 1. This section is difficult to get an overview from, and I miss reference to the survival rate if nothing is done to the lung metastases. Are lung metastases from colorectal cancer behaving differently than lung metastases from other cancers? And how is RFA compared with minimal

resection procedures? Also I miss information on how the search for publications was performed? Which databases were searched? How were the referred papers chosen? Inclusion and exclusion criteria? Page 8, line 21: What is meant by “actuarial”? I also miss information on whether the patients included in the studies were candidates for surgery or not? Advantages and disadvantages: Rather weak. Conclusion: It is debatable if a procedure is safe if 50% gets pneumothorax and half of them need thoracic drainage. Also, the local progression rate seems high. Figure: Does not add much to the manuscript.

ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 5598

Title: Radiofrequency ablation as treatment for pulmonary metastasis of colorectal cancer

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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 checked="" type="checkbox"/> Accept
<input checked="" 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 type="checkbox"/> Grade C (Good)	<input type="checkbox"/> Grade C: a great deal of	<input type="checkbox"/> No records	
<input type="checkbox"/> Grade D (Fair)	language polishing	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 type="checkbox"/> Major revision

COMMENTS TO AUTHORS

The review entitled "Radiofrequency ablation as treatment for pulmonary metastasis of colorectal cancer" by Takao Hiraki et al., represents a useful update on a new approach to lung metastases from colorectal cancer. The authors opinion is that, in small and single metastasis, RF may represents a valid alternative to surgery being safer, less expensive and achieving similar results. In particular short- to mid-term survival after RFA appears promising. A punctual summary of data from most recent studies on the topic has been depicted on table 1. The most important key issues as technical aspects, short-mid-term outcome and predictors of efficacy have been fully addressed. The authors also outline some limits and caveats of the procedure, in particular the suboptimal local control which may negatively affect the long-term outcome. References are updated and complete. The manuscript is well organized and the language is of good quality. Very few typing errors are present. Suggestions a- It should be meaningful to include data on feasibility of the procedure, a sort of intention-to-treat evaluation just to explain how many patients are candidates and how many of them actually undergo the procedure b- One of the most important points is the possibility to correctly evaluate the local result of RF. As the authors stated the only way to do that is to compare the size and geometry of the ablation zone with the observations of the previous CT images. However, like in other organs, vascular profile of the nodule after contrast infusion in the early arterial phase should provide better information on viable neoplastic tissue. Indeed, every malignant lung nodul, in arterial phase is characterized by a CT enhancement exceeding the cut-off of 30 UH . Opposite, necrotic tissue does not display any enhancement resulting as an avascular area. Thus, comparison of contrast enhancement profile of a given lesion before and after RF at a prefixed interval should be informative. In other words, the authors should specify whether or not imaging follow up should be performed by



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contrast CT or simply by standard CT. The view of the author on this issue should be important. c- It would be worth including one or more pictures depicting lung modification under radiofrequency exposure and images of TC at 1 and 3 months interval after procedure d- The authors should express their position regarding whether or not this procedure should be limited to referral centres. e- The authors should better specify indication and contraindication of the procedure and their possible opinions on that

ESPS Peer-review Report

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ESPS Manuscript NO: 5598

Title: Radiofrequency ablation as treatment for pulmonary metastasis of colorectal cancer

Reviewer code: 02533809

Science editor: Zhai, Huan-Huan

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Date reviewed: 2013-12-07 08:04

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	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"/> Existed	<input type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C (Good)	<input type="checkbox"/> Grade C: a great deal of	<input type="checkbox"/> No records	<input type="checkbox"/> Rejection
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<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

This is a well written paper which thoroughly reviews the role of RFA in pulmonary CRC metastases. I recommend publication.