



ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 14819

Title: Assessment of ablative margin by MRI-MRI image fusion in radiofrequency ablation of hepatocellular carcinoma

Reviewer's code: 02822870

Reviewer's country: China

Science editor: Su-Xin Gou

Date sent for review: 2014-10-29 10:11

Date reviewed: 2014-10-29 11:28

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 checked="" type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<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"/> Duplicate publication	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input checked="" type="checkbox"/> No	<input checked="" 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

An very interesting work, as we know, the tumor recurrence after RFA is a very serious problem for clinical surgeons, so the author did a comparasion between two groups with margin less than 5 mm and more than 5mm,and the author found out that the recurrence rate in the less than 5mm was significantly higher than that in the more than 5mm. however, there are still revision needed: Firstly, this study may be limited for its small sample,52 patients and 62 tumors; Secondly, How the author evaluated the cutoff 5mm, as we know, 5 mm is a very accurate range, and may lead to relative big bias, only by intraoperative Ultrasonogphy or MRI? Thirdly, the author may evaluate the overall survial of these patients when they compared two group outcome Lastly, the laguage should by edited for fluent reading

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 14819

Title: Assessment of ablative margin by MRI-MRI image fusion in radiofrequency ablation of hepatocellular carcinoma

Reviewer's code: 00923968

Reviewer's country: China

Science editor: Su-Xin Gou

Date sent for review: 2014-10-29 10:11

Date reviewed: 2014-10-30 12:01

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

I have the following comments on this paper: (1) Of the 62 liver lesions in the 52 patients, the authors stated that all these lesions were "pathologically or clinically diagnosed as HCC". Please state the criteria for clinical diagnosis of HCC. How many lesions in how many patients were HCC diagnosed clinically? And how many histopathologically? (2) Can the authors give more details on how the cool-tip radiofrequency ablation was carried out? What radiofrequency probe was used, how long was the ablation cycle, how many cycles did they use and did they use any overlapping fields in radiofrequency ablation? (3) The radiofrequency ablation was done on relatively small tumors (size of tumor mean +/- SD, 2.0 +/- 1.0), the majority of patients had a solitary tumor (80.8%), the follow up period was relatively short (1 to 23 months, mean +/- SD = 14.2 +/- 5.4 months). Why is the incidence of distant intrahepatic metastatic lesion that high, i.e. 17 out of 46 patients (37%)? These distant metastatic lesions are addition to the local tumor progression detected in 4 patients (4/46 or 8.7%). (4) The English needs to be improved as there are quite a number of grammatical and typographical mistakes in the paper.