



ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 16869

Title: The efficiency and safety of radiofrequency-assisted hepatectomy for HCC with cirrhosis – a single-center retrospective cohort study

Reviewer’s code: 02992416

Reviewer’s country: China

Science editor: Yuan Qi

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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 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 type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		BPG Search:	<input checked="" 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

In this paper, Zhang and coll. aimed at investigating efficiency and safety of radiofrequency-assisted hepatectomy in cirrhotic HCC patients. They did a retrospective analysis on 179 cases of HCC patients with cirrhosis. They chose two endpoint to evaluate the efficiency and safety of radiofrequency-assisted hepatectomy. The primary endpoint was intraoperative blood loss. The secondary endpoints included liver function, postoperative complications, mortality, and duration of hospital stay. Detailed inclusion criteria, exclusion criteria and operative technique were given. The author found radiofrequency-assisted hepatectomy can reduce intraoperative blood loss during liver resection effectively. However, this method should be used with caution in patients with concomitant cirrhosis because it may cause severe liver damage and liver failure. These results provide a clue for patients` treatment strategy decision. However, there are two SPECIFIC CONCERNS worth being addressed to improve the quality of the manuscript: 1, Why pringle maneuver was not used in the RF+ group, wherase used in RF- group ? These two groups are not comparable for usage of RF in hepatectomy. 2, Because median ALT was not different in the RF+ group and RF- group on POD3,



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AST should also be assessed.