

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 21312

Title: Comparison of percutaneous radiofrequency ablation and CyberKnife® for initial solitary hepatocellular carcinoma: A pilot study

Reviewer's code: 00182833

Reviewer's country: Egypt

Science editor: Jing Yu

Date sent for review: 2015-07-07 17:04

Date reviewed: 2015-07-25 19:17

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	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"/> The same title	<input type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C: Good		<input type="checkbox"/> Duplicate publication	
<input checked="" type="checkbox"/> Grade D: Fair	<input checked="" type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Plagiarism	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade E: Poor	<input type="checkbox"/> Grade D: Rejected	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Minor revision
		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

Dear author These paper present comparison between tow modalities for ablation of HCC by RF and CyberKnife These is an interesting paper by using to some extent new method (CyberKnife) in comparison to RF but there are some comments . 1-The No of patents of both group is small for the study 2- The exclusion and inclusion criteria is not clear 3- Both group were heterogonous 4- there were no late adverse event in the RFA group , but 11.4% in the CK group had late adverse events. (What types of these events) 5- The author didn't mention the cost of each modalities 6- In recurrent cases what is the line of treatment (transplant , TACE,RF, surgery) 7- I really feel that these paper should get a major revision

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 21312

Title: Comparison of percutaneous radiofrequency ablation and CyberKnife® for initial solitary hepatocellular carcinoma: A pilot study

Reviewer's code: 03015689

Reviewer's country: Spain

Science editor: Jing Yu

Date sent for review: 2015-07-07 17:04

Date reviewed: 2015-07-27 05:51

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	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"/> 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 type="checkbox"/> Plagiarism	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Major revision
		BPG Search:	
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

COMMENTS TO AUTHORS

This article presents an innovating treatment for some solitary HCC and it reflects a subgroup of patients that could benefit for ciberKnife therapy. However, some considerations about the study should be observed. Please, find below a list of some items that, in my opinion, should be reviewed: a) Aim of the study: The results of this study would be much more interesting if it highlighted the suitable subgroup of patients for an innovate radiation technique b) Abstract section: the article fails to mention the criteria for inclusion in both groups. c) Method Section: 1.-In order to compare 2 treatments, RTC or other mathematical models must be used instead of retrospective studies 2.- Both groups show different criteria for inclusion. Moreover, they are not homogeneous in two aspects that precisely have an impact in both the relapse and the survival (age and tumoral size) 3.-The sample size is too small to show reliable results 4.-The follow-up time of the study is too short to asses the relapse after ablative methods 5.-The diagnostic criteria of HCC are old according to current guidelines (Journal of hepatology 2012 and Radiology 2014). 6.-The radiological criterion for relapse can't be accurately obtained by echography only 7.-Information missing: ? No information about

essential variables has been provided (comorbidity, AFP post treatment, MELD, etc). ? It is unclear on non specified if the patients that are treated with radiation have previously been evaluated with radiofrequency and therefore selected as second choice for treatment 8.-Structure of the method The exitus are mentioned in the methods section instead of the results sections as it should be. d) Result section 1.-The information on mortality, AFP, hepatic function tests or number and type of adverse secondary effects is insufficient 1.-Figures 1, 2 and 3 fail to present useful complementary information on the texts e) Discussion A series of secondary effects are mentioned in this section when they should have appeared in the results section. instead of answering the original proposed aim of the investigation. In my opinion the article could greatly benefit from a different aim in order to divulgate the utility of this treatment in some patients instead of regarding the comparison between two ablative methods. in my thoughts , it could be the aim of a future study according to your promising results. Regarding readability, it has a very reader friendly approach. I have thoroughly enjoyed reviewing your article and I am looking forward to reading the revision

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 21312

Title: Comparison of percutaneous radiofrequency ablation and CyberKnife® for initial solitary hepatocellular carcinoma: A pilot study

Reviewer's code: 03253495

Reviewer's country: Italy

Science editor: Jing Yu

Date sent for review: 2015-07-07 17:04

Date reviewed: 2015-07-07 19:35

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	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"/> 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 type="checkbox"/> Plagiarism	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Major revision
		BPG Search:	
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

COMMENTS TO AUTHORS

The article by Shiozawa et al represents an interesting comparison between two loco-regional techniques: RFA and Cyberknife. However, i have several comments in order to improve the paper. 1) The authors should "soften" their conclusions, as follow-up time of the study is too short and no general consideration with regard to survival and recurrence could be done. In fact, HCC recurrence after ablative treatments is well-know to increase from the second year onwards. Unfortunately, no such data is reported in the study due to the short observation period, therefore no definitive remarks on the efficacy of the two techniques may be stated by the authors. Less than two years of follow-up are even less reliable with regard to survival. In fact, Figure 3 is not informative at all and should be deleted. In conclusion, the authors may suggest some trends of comparison between RFA and CK but without making any assumptions in this regard. 2) Most cited studies are Eastern series. I recommend the authors to cite a recent Western RFA series when describing the state-of-art of RFA in the Discussion (Facciorusso et al., Serum ferritin as a new prognostic factor in hepatocellular carcinoma patients treated with radiofrequency ablation; J Gastroenterol Hepatol 2014). 3) Another

major concern is on study design. The ideal design for a comparison between different techniques is a RCT or at least a propensity score analysis. In fact, inclusion criteria in the two study groups were different, as larger tumors or in "at-risk" location were treated with CK instead of RFA. Simple case-control retrospective study, as performed by the authors, seriously affects the reliability of their findings. This issue should be at least commented and, if possible, addressed in the Discussion. 4) The study period ranges between 2011 and 2014, hence after the release of new HCC guidelines (Bruix, Sherman, Hepatology 2011). Why the diagnostic criteria described in Materials and Methods refer to previous guidelines (2005)? Since 2010, a single contrastographic radiologic imaging technique is needed to perform HCC diagnosis. Second confirmation is required only in cases when diagnosis is unclear. 5) Definition of local and distant recurrence is not correct. As extensively described in Ahmed M et al (Image-guided tumor ablation: standardization of terminology and reporting criteria-a 10-year update, Radiology 2014), distant recurrence is defined as recurrence beyond 2 cm from the treated area. For instance, in large segments such as segment VII, a recurrence within the segment but beyond 2 cm. from the previously treated area is considered distant recurrence, although if in the same segment. Please, revise your data according to the correct terminology. 6) How was the follow-up time computed? By means of reverse Kaplan-Meier method?