

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 22520

Title: Percutaneous Radiofrequency Ablation of 316 Cases of Hepatocellular Carcinoma as First Line Treatment: 10 Years Survival Result and Prognostic Factors

Reviewer's code: 00182114

Reviewer's country: Japan

Science editor: Ya-Juan Ma

Date sent for review: 2015-09-01 17:13

Date reviewed: 2015-09-24 11:24

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 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

Dear Author Ethanol injection was formerly the standard procedure among the various percutaneous ablation techniques for HCC. Randomized controlled trials, however, have demonstrated that radiofrequency ablation (RFA) has a more reliable local antitumor effect, leading to a lower local tumor progression risk and higher survival rates. RFA has largely replaced ethanol injection. This is very interesting paper about author's experience of RFA for HCC for the past fourteen years. 1. Minami and Kudo (Radiofrequency Ablation of Hepatocellular Carcinoma: A Literature Review International Journal of Hepatology 2011) report an accurate evaluation of treatment response is very important to secure successful RFA therapy since a sufficient safety margin (at least 0.5cm) can prevent local tumor recurrence. What kinds of treatment do you perform the case which you can not get safety margin 0.5cm in RFA for HCC? 2. In your paper, tumor size did not significantly impact overall survival. Recently, higher-powered RFA generators and modifications to the electrodes have enabled ablation sizes increase. But Shiina et al (RFA for HCC 10 years outcome and prognostic factor . American College of Gastroenterology 2011) report TAE was combined with RFA



BAISHIDENG PUBLISHING GROUP INC

8226 Regency Drive, Pleasanton, CA 94588, USA

Telephone: +1-925-223-8242

Fax: +1-925-223-8243

E-mail: bpgoffice@wjgnet.com

<http://www.wjgnet.com>

in patients with one tumor >3cm in diameter . Please tell me the detail RFA procedure for HCC tumor >3-5cm in diameter. 3. Most of Authors report Child A and B is suitable liver function data for RFA. In your paper, you performed Child C HCC patients for RFA. Please tell me the condition of Child C patients. Could you perform RFA for the HCC patients with ascites in Child C. Please tell me the detail RFA procedure for HCC tumor with ascites in Child C.

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Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 22520

Title: Percutaneous Radiofrequency Ablation of 316 Cases of Hepatocellular Carcinoma as First Line Treatment: 10 Years Survival Result and Prognostic Factors

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<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
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		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 is an interesting paper. This monocentric large experience shows us that RFA is a good first treatment option in HCC patients. The analysis of prognostic factors is also important. Some corrections are necessary: Child-Pugh not child-pugh, CEUS not CUES. Please give more explanations how CEUS before RFA can increase the results? (Detecting local metastasis?) The paper seems to be a little too long, especially the discussion section. In conclusion the paper is good and can be published after minor corrections.

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ESPS manuscript NO: 22520

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<input checked="" 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
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		<input type="checkbox"/> The same title	
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		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

COMMENTS TO AUTHORS

the authors have brought their retrospective experience on the use of RFA in a large group of patients with HCC during a significant long-term follow-up. This is an important experience in this field of HCC therapy. I suggest the authors have to add two more informations: 1-how many patients were receiving antiviral treatment and what was the status of response to therapy 2- comparison between the different periods of enrollment. for example they could divide enrollment period into two blocks of seven Years and then compare the results on survival curves