

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 23144

Title: Evidence-Based Medical Oncology and Interventional Radiology Treatment Paradigms for Colorectal Liver Metastases

Reviewer's code: 00058361

Reviewer's country: Australia

Science editor: Ya-Juan Ma

Date sent for review: 2015-10-27 21:03

Date reviewed: 2015-11-26 22:32

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	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"/> The same title	<input type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C: Good		<input type="checkbox"/> Duplicate publication	
<input type="checkbox"/> Grade D: Fair	<input 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 checked="" type="checkbox"/> No	<input type="checkbox"/> Minor revision
	<input type="checkbox"/> Grade D: Rejected	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

This is an in-depth review paper. Major work and energy got into this submission. One can always made major suggestion but i see this paper free of major flaws.

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 23144

Title: Evidence-Based Medical Oncology and Interventional Radiology Treatment Paradigms for Colorectal Liver Metastases

Reviewer's code: 02828880

Reviewer's country: Italy

Science editor: Ya-Juan Ma

Date sent for review: 2015-10-27 21:03

Date reviewed: 2015-12-07 19:07

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 checked="" 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 type="checkbox"/> Grade C: Good		<input type="checkbox"/> Duplicate publication	
<input type="checkbox"/> Grade D: Fair	<input 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 checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Minor revision
	<input type="checkbox"/> Grade D: Rejected	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

This is an extremely well done paper, enclosing and deeply describing most aspects of the treatment of colorectal liver metastases. I would only suggest to include some more detail for example on the importance of imaging in guiding and controlling ablative procedures. A lot of efforts have been made by interventional radiologists in order to enhance the rate of treatable patients. For example, the larger diffusion of fusion imaging and virtual navigation are increasing the rate of patients that can be treated, including also those with invisible lesion at US. Other interesting and promising techniques are MRI guided ablations and PET guided ablations. Please, consider including in the references the following papers: - Real-time US-CT/MRI image fusion for guidance of thermal ablation of liver tumors undetectable with US: results in 295 cases. Mauri G, Cova L, De Beni S, Ierace T, Tondolo T, Cerri A, Goldberg SN, Solbiati L. Cardiovasc Intervent Radiol. 2015 Feb;38(1):143-51. - MR-guided radiofrequency ablation using a wide-bore 1.5-T MR system: clinical results of 213 treated liver lesions. Rempp H, Waibel L, Hoffmann R, Claussen CD, Pereira PL, Clasen S. Eur Radiol. 2012 Sep;22(9):1972-82. doi: 10.1007/s00330-012-2438-x. Epub 2012 Apr 18. - PET/CT-guided percutaneous

liver mass biopsies and ablations: targeting accuracy of a single 20 s breath-hold PET acquisition. Shyn PB, Tatli S, Sahni VA, Sadow CA, Forgione K, Mauri G, Morrison PR, Catalano PJ, Silverman SG. Clin Radiol. 2014 Apr;69(4):410-5. doi: 10.1016/j.crad.2013.11.013. Epub 2014 Jan 8. PMID: 24411824 Immediate intraprocedural monitoring of the effectiveness of percutaneous ablation is extremely important, as it allows for enhancing the rate of completely ablated tumors. Moreover, by allowing the immediate retreatment of incompletely ablated tumors, it may reduce the number of subsequent retreatments, with also a reduction of costs. Please, consider including in the references: - Comparative evaluation of three-dimensional Gd-EOB-DTPA-enhanced MR fusion imaging with CT fusion imaging in the assessment of treatment effect of radiofrequency ablation of hepatocellular carcinoma. Makino Y1, Imai Y, Igura T, Hori M, Fukuda K, Sawai Y, Kogita S, Fujita N, Takehara T, Murakami T. Abdom Imaging. 2015 Jan;40(1):102-11. doi: 10.1007/s00261-014-0201-2. - Intraprocedural contrast-enhanced ultrasound (CEUS) in liver percutaneous radiofrequency ablation: clinical impact and health technology assessment. Mauri G, Porazzi E, Cova L, Restelli U, Tondolo T, Bonfanti M, Cerri A, Ierace T, Croce D, Solbiati L. Insights Imaging. 2014 Apr;5(2):209-16 - Image-based monitoring of magnetic resonance-guided thermoablative therapies for liver tumors. Rempp H, Clasen S, Pereira PL. Cardiovasc Intervent Radiol. 2012 Dec;35(6):1281-94. doi: 10.1007/s00270-011-0227-6. Epub 2011 Jul 22. Please include the most recent literature about various ablative techniques in the tables. For example, I suggest including at least: - Small liver colorectal metastases treated with percutaneous radiofrequency ablation: local response rate and long-term survival with up to 10-year follow-up. Solbiati L, Ahmed M, Cova L, Ierace T, Brioschi M, Goldberg SN. Radiology. 2012 Dec;265(3):958-68. doi: 10.1148/radiol.12111851. Epub 2012 Oct 22. PMID: 23091175 - AJR Am J Roentgenol. 2014 Aug;203(2):W181-91. doi: 10.2214/AJR.13.10747. Epub 2014 Feb 20. Percutaneous imaging-guided cryoablation of liver tumors: predicting local progression on 24-hour MRI. Shyn PB1, Mauri G, Alencar RO, Tatli S, Shah SH, Morrison PR, Catalano PJ, Silverman SG. - Thermal ablation of colorectal liver metastases: a position paper by an international panel of ablation experts, the interventional oncology sans frontières meeting 2013. Gillams A, Goldberg N, Ahmed M, Bale R, Breen D, Callstrom M, Chen MH, Choi BI, de Baere T, Dupuy D, Gangi A, Gervais D, Helmberger T, Jung EM, Lee F, Lencioni R, Liang P, Livraghi T, Lu D, Meloni F, P