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ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology
ESPS manuscript NO: 32023
Title: Rate of local recurrence following radiofrequency ablation of pathologically early hepatocellular carcinoma
Reviewer's code: 01221925
Reviewer's country: Greece
Science editor: Ze-Mao Gong
Date sent for review: 2016-12-23 18:46
Date reviewed: 2016-12-29 04:30

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
[ ] Grade A: Excellent	[ ] Grade A: Priority publishing	Google Search:	[ ] Accept
[Y] Grade B: Very good	[Y] Grade B: Minor language polishing	[ ] The same title	[ ] High priority for publication
[ ] Grade C: Good	[ ] Grade C: A great deal of language polishing	[ ] Duplicate publication	[ ] Rejection
[ ] Grade D: Fair	[ ] Grade D: Rejected	[ ] Plagiarism	[Y] Minor revision
[ ] Grade E: Poor		[Y] No	[ ] Major revision
		BPG Search:	
		[ ] The same title	
		[ ] Duplicate publication	
		[ ] Plagiarism	
		[Y] No	

COMMENTS TO AUTHORS

This is an interesting paper looking at the role of RFA for pathologically "early" HCC and its effect on recurrence compared to "typical" HCC. Could the authors please respond to the following questions/comment? 1) In the first paragraph of the introduction, in the sentence "although it sometimes includes solitary HCC ≥5 cm as defined according to the Milan criteria" it should be HCC≤5cm. 2) As there were 139 patients with 237 HCCs, were there cases where the same patient would have "early" and "typical" lesions? 3) Did the number of HCCs in patients with the pathologically "typical" picture have any effect on recurrence in this study? 4) Are there any cases of "typical" HCCs where there are biopsies available to confirm the diagnosis? (even at a later time point)? 5) Were the recurrences confirmed by biopsy? If yes, is there information on the type of the recurrences, ie "early" or "typical" or another type?

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ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology
ESPS manuscript NO: 32023
Title: Rate of local recurrence following radiofrequency ablation of pathologically early hepatocellular carcinoma
Reviewer's code: 03647831
Reviewer's country: Japan
Science editor: Ze-Mao Gong
Date sent for review: 2016-12-23 18:46
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CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
[ ] Grade A: Excellent	[ ] Grade A: Priority publishing	Google Search:	[Y] Accept
[ ] Grade B: Very good	[Y] Grade B: Minor language polishing	[ ] The same title	[ ] High priority for publication
[Y] Grade C: Good	[ ] Grade C: A great deal of language polishing	[ ] Duplicate publication	[ ] Rejection
[ ] Grade D: Fair	[ ] Grade D: Rejected	[ ] Plagiarism	[ ] Minor revision
[ ] Grade E: Poor		[Y] No	[ ] Major revision
		BPG Search:	
		[ ] The same title	
		[ ] Duplicate publication	
		[ ] Plagiarism	
		[Y] No	

COMMENTS TO AUTHORS

This paper is the initial report describing that pathologically early HCC is statistically associated with a lower rate of local recurrence after RFA, compared with typical HCC. This result indicates that small hypovascular liver tumor that appears hypo-intense lesion during the hepatobiliary phase of contrast-enhanced MRI with Gd-EOB-DTPA can be treated by RFA with minimum safety margin. So this study is valuable for publication, however several revisions are required. Major Comments 1. Did all of the 50 pathologically early HCC appear as hypo-intense mass during the hepatobiliary phase of contrast-enhanced MRI with Gd-EOB-DTPA? Were there any exceptions? How many early HCCs were examined by CTHA and /or CTAP? How many pathologically early HCC showed defect of portal blood flow? 2. Among 50 pathologically early HCCs, only 1 nodule was associated with a local recurrence. It is desirable that the authors describe about the details of this case as figure 1-3, especially about the tumor size, imaging characteristic, pathological characteristic, and tumor volume doubling time. Imaging and pathological features of the recurrent HCC should be also described. 3. If possible, it is desirable that the overall survival and recurrence free survival

are examined after excluding patients who had both pathologically early HCC and typical HCC simultaneously. The relationship between local recurrence and tumor markers (AFP, AFP -L3%, DCP) can be also determined in this setting. Minor Comments 1. The tumor showed in Figure 3 is recognized as hypervascular tumor by a contrast-enhanced US. Is this not a typical HCC? If not only dynamic study of CT and /or MRI but also anigiography/CTHA/CTAP was performed, I think this tumor could be diagnosed as a typical HCC. 2. Legend of Figure 1 A, Figure 2A, Figure 3A: Is this a fusion image? It looks like just conventional US and hepatobiliary phase of EOB-MRI. 3. Legend of Figure 1 B, Figure 2B, Figure 3B: What does "One-day" mean?

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ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology
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Reviewer's country: Italy
Science editor: Ze-Mao Gong
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CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
[ ] Grade A: Excellent	[Y] Grade A: Priority publishing	Google Search:	[ ] Accept
[Y] Grade B: Very good	[ ] Grade B: Minor language polishing	[ ] The same title	[ ] High priority for publication
[ ] Grade C: Good	[ ] Grade C: A great deal of language polishing	[ ] Duplicate publication	[ ] Rejection
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[ ] Grade E: Poor		[Y] No	[ ] Major revision
		BPG Search:	
		[ ] The same title	
		[ ] Duplicate publication	
		[ ] Plagiarism	
		[Y] No	

COMMENTS TO AUTHORS

This is an interesting paper on an important argument. Very early HCC defined by BCLC staging classification could be also an invasive tumor. on the other hand, pathologically early HCC should represent a less invasive neoplastic lesion. RFA colud be the ideal treatment. there are only some comments: - in the introduction change >5cm in <5cm - the number of patients with pathologically early HCC is few: I think that it is necessary to outline that this is a pilot study and a multicenter study should be necessary to confirm this results - in this setting it should be interesting to evaluate also the intra-hepatic recurrences and survival rates - I prefer to use "local tumor progression" as suggested by Ahmed M. Image-guided tumor ablation: standardization of terminology and reporting criteria—a 10-year update. Radiology. 2014;273:241–260.