

## PEER-REVIEW REPORT

**Name of journal:** *World Journal of Gastroenterology*

**Manuscript NO:** 75723

**Title:** Role of gadoxetic acid-enhanced liver magnetic resonance imaging in the evaluation of hepatocellular carcinoma after locoregional treatment

**Provenance and peer review:** Invited Manuscript; Externally peer reviewed

**Peer-review model:** Single blind

**Reviewer's code:** 06243056

**Position:** Peer Reviewer

**Academic degree:** MD

**Professional title:** Doctor

**Reviewer's Country/Territory:** China

**Author's Country/Territory:** Italy

**Manuscript submission date:** 2022-02-25

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2022-02-28 07:32

**Reviewer performed review:** 2022-03-11 14:51

**Review time:** 11 Days and 7 Hours

<b>Scientific quality</b>	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
<b>Language quality</b>	<input checked="" type="checkbox"/> Grade A: Priority publishing <input type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
<b>Conclusion</b>	<input type="checkbox"/> Accept (High priority) <input checked="" type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
<b>Re-review</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No



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<b>Peer-reviewer statements</b>	Peer-Review: [ <input checked="" type="radio"/> ] Anonymous [ <input type="radio"/> ] Onymous Conflicts-of-Interest: [ <input type="radio"/> ] Yes [ <input checked="" type="radio"/> ] No
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#### **SPECIFIC COMMENTS TO AUTHORS**

This review comprehensively explains the MRI findings of hepatocellular carcinoma after different locoregional treatment methods , especially focusing on the manifestations of gadoxetate disodium (Gd-EOB-DTPA), and puts forward the imaging characteristics of different methods, which has great clinical significance. But there is a small problem, the title and content of the article mainly focus on the gadoxetate disodium (Gd-EOB-DTPA), so it should be emphasised in the conclusion part .

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**Reviewer's code:** 05140646

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**Author's Country/Territory:** Italy

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Scientific quality	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input checked="" type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Language quality	<input type="checkbox"/> Grade A: Priority publishing <input checked="" type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
Conclusion	<input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input checked="" type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
Re-review	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

**Peer-reviewer  
statements**

Peer-Review: ☒ Anonymous ☐ Onymous

Conflicts-of-Interest: ☐ Yes ☒ No

## **SPECIFIC COMMENTS TO AUTHORS**

In this review, the authors provide a summary of the usefulness of gadoxetic acid-enhanced liver MRI findings in patients who underwent loco-regional treatments for HCC, with a special focus on ablative therapies (radiofrequency, microwaves, and cryoablation), trans-arterial chemoembolization (TACE) and trans-arterial radio-embolization (TARE) techniques and stereotactic ablative radiotherapy (SABR). General Comments: 1. Compared with CT, PET-CT or other imaging methods, how accurate is MR in the early detection of HCC recurrence? Is MR more advantageous than other imaging methods in evaluating of hepatocellular carcinoma after locoregional treatment? 2. It is lacked of the illustration of the limitations of MR in the evaluation of hepatocellular carcinoma after locoregional treatment. 3. In this review, more than 50% of the references are published 5-10 years ago, or even 20 years ago. It is need to add more recently research articles. 4. The review only briefly introduced the common sense content such as the application of ablative therapies, TACE, TARE, and SABR, or the classic finding of MR after loco-regional treatments with HCC. There is lack of summarization of the forefront of progress in this field