

PEER-REVIEW REPORT

Name of journal: *World Journal of Gastrointestinal Surgery*

Manuscript NO: 69907

Title: Liver resection vs radiofrequency ablation in single hepatocellular carcinoma of posterosuperior segments in elderly patients

Reviewer's code: 02527549

Position: Editorial Board

Academic degree: MD, PhD

Professional title: Professor

Reviewer's Country/Territory: South Korea

Author's Country/Territory: Italy

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Reviewer chosen by: AI Technique

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Scientific quality	<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 Grade E: Do not publish
Language quality	<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
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: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS

General comment: the authors compared clinical outcomes (OS, DFS, Cx, etc) of RFA and LR in elderly patients with difficult location to treat (4a, 7, 8 segment). They used PSM to reduce any selection bias caused by nonrandomized retrospective study design. The results were similar between the two groups, however RFA had more advantages (reduced hospital stay etc) than LR in this specific patient cohort. Overall, this manuscript was very well written with excellent logic. I have minor comments about statistical issue. 1. The median OS b-PSM was 24.9 months and 24.5 months in the RFA and LR groups, respectively. The median OS a-PSM was 26.5 months and 25.9 months in the RFA and LR groups, respectively. However, when I looked at the KM graph, survival graphs of both groups were still above 50% until the end of F/U (60 months). Thus, median OS may not be calculated in this study, but can be expected to be longer than 60 months. 2. Also, median DFS b-PSM/a-PSM in both groups seemed to be longer than the values that the authors stated. Please check again, or consult a statistician if required.