

14th June 2021

Dear Editor,
World Journal of Gastrointestinal Oncology

Regarding: Mini-Review = **66481: “Radiofrequency Ablation in the Management of Hepatic and Biliary Tumors”**

The authors wish to extend our deepest gratitude to the editorial team and peer reviewers for ‘Conditionally Accepting’ our manuscript.

We are delighted to submit our responses to the reviewer queries as well as editor’s suggestions. All the suggested changes have been made, and are reflected in RED in the revised version.

(I). Reviewer #1 (ID: 02543955):

Specific Comments to Authors: The mini-review by Henriques et al. summarizes the data and technique of radiofrequency ablation (RFA) in hepatic and biliary tumors. This is an interesting issue. However, some point should be addressed before publishing: Major points: 1. The authors strictly focus on RFA. However, for readers that are not experts in this field, a section that describes other ablation techniques (e.g. microwave ablation (MWA) or IRE) would be interesting. Particularly, differences, advantages and disadvantages of either technique would be of interest. 2. The Bismuth-Corlette classification does not determine resectability in cholangiocarcinoma (CCA). In fact, this classicization only describes the local extend of perihilar CCA while intrahepatic CCA are not included. Moreover, from a surgical point of view, even Bismuth-Corlette IV tumors are resectable as published by the group from Nagoya (Br J Surg. 2018 Jun;105(7):829-838) and others. The section on page 3 suggests that the Bismuth-Corlette classification comprises all CCA and determines resectability. This should be corrected. 3. Data regarding RFA in CCA is very much focused on perihilar CCA and the combination of RFA and stenting. The authors should also include a section regarding intrahepatic CCA. Some data is available regarding this issue. 4. Regarding the use of RFA in hepatocellular carcinoma (HCC), a major issue is the difference in recurrence free survival between surgery and ablation. This should be included. 5. Furthermore, RFA is used in combination with systemic treatment (e.g. sorafenib). This should be included. Minor points: 1. Please go through the manuscript carefully. Some spelling mistakes might be corrected. 2. The title of the manuscript suggests that all hepatic and biliary tumors are part of the review. However, only primary but not secondary tumors are included. I would suggest to adjust this.

Authors’ Reply: Thank you for your favorable review of our manuscript, and very pertinent critiques. We have made all the changes/revisions you suggested, as follows:

1. We would like to bring to reviewers’ attention that given the nature of this article (Mini-review) and the word constraints, the authors have focused on RFA modality, while briefly mentioning other techniques like Microwave ablation (MWA), Photodynamic Therapy (PDT) and IRE. Moreover this is an invited manuscript, the title and scope of which is focused on Role of RFA in hepatic and biliary tumors. This has been reflected now in the revised manuscript, in addition to providing limited details on MWA and IRE.
2. Revision regarding Bismuth classification related suggestion is made. The suggested reference has been included and cited as well.
3. A discussion regarding intra-hepatic CCA is included, as per your suggestion.
4. RFA in HCC: A discussion regarding impact on recurrence-free survival is now included.
5. RFA + Sorafenib is included in discussion.
6. Minor Points: (i) Manuscript has been re-checked for all grammatical oversights; (ii) The title has been changed as per your suggestion to reflect discussion regarding primary tumors.

(II) Science editor: 1 Scientific quality: The manuscript has a title: “Radiofrequency Ablation in the Management of Hepatic and Biliary Tumors”. The topic is within the scope of the World Journal of Gastrointestinal Oncology. (1) Classification: Grade C (good); (2) Summary of the Peer-Review Report: This review aimed at evaluating novel ablative treatment options that have emerged, such as radiofrequency ablation (RFA), which can improve the prognosis of both hepatic and biliary tumors. RFA is aimed to generate an area of necrosis within the targeted tissue by applying thermal therapy via an electrode, with a goal to completely eradicate the tumor while preserving surrounding healthy tissue. Role of RFA in management of hepatic and biliary tumors forms the focus of our current mini-review article.; (3) Format: There are 2 tables and 2 figure; (4) References: A total of 92 references are cited.; (5) Self-cited references.; (6) References recommendations: The authors have the right to refuse to cite improper references recommended by the peer reviewer(s), especially those published by the peer 5 / 6 reviewer(s) him/herself (themselves). If the authors find the peer reviewer(s) request for the authors to cite improper references published by him/herself (themselves), please send the peer reviewer’s ID number to editorialoffice@wjgnet.com. The Editorial Office will close and remove the peer reviewer from the F6Publishing system immediately. 2 Language evaluation: Classification: Grade B (Minor Polishing). 3 Academic norms and rules: 4 Supplementary comments: This is an invited review. 5 Issues raised: (1) PMID and DOI numbers are missing in the reference list. Please provide the PubMed numbers and DOI citation numbers to the reference list and list all authors of the references. (2) The “Article Highlights” section is missing. Please add the “Article Highlights” section at the end of the main text; 6 Re-Review: Required. 7 Recommendation: Conditional acceptance

Authors’ Reply: The authors would like to thank the Science Editor for their detailed review of our submitted manuscript and recognizing its merits to grant it a ‘Conditional Acceptance’. We have edited the manuscript to satisfy your suggested requirements: (i) PMID and DOI numbers have been added to the references, as suggested; (ii) Article Highlights section was already included, and named as Core Tip. We have changed that to appropriate section heading – Article Highlights.

(III). Company editor-in-chief: I have reviewed the Peer-Review Report, full text of the manuscript, and the relevant ethics documents, all of which have met the basic publishing requirements of the World Journal of Gastrointestinal Oncology, and the manuscript is conditionally accepted. I have sent the manuscript to the author(s) for its revision according to the Peer-Review Report, Editorial Office’s comments and the Criteria for Manuscript Revision by Authors.

Authors’ Reply: The authors are grateful to Editor-in-chief for favorable review of our manuscript and ‘Conditional Acceptance’. The authors would like to bring to your notice that we have included all suggestions made by peer-reviewers as well as Editorial staff, and revised our manuscript accordingly. We sincerely hope you will find it acceptable in its current form for publication in your journal.

(IV). Other Suggestions:

- (1) **Requirements for Figures:** Please provide decomposable Figures (in which all components are movable and editable), organize them into a single PowerPoint file, and submit as “**66481-Figures.ppt**” on the system. The figures should be uploaded to the file destination of “Image File”.
- (2) **Requirements for Tables:** Please provide decomposable Tables (in which all components are movable and editable), organize them into a single Word file, and submit as “**66481-Tables.docx**” on the system. The tables should be uploaded to the file destination of “Table File”.

Authors’ Reply: The Tables and Figures are submitted in separate files, as suggested.

Sincerely,

Tara Keihanian MD and Mohit Girotra MD FACP