



### ESPS PEER REVIEW REPORT

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

**ESPS manuscript NO:** 11039

**Title:** Early assessment of ablation volume after percutaneous tumor ablation of the liver using C-arm cone beam computed tomography

**Reviewer code:** 00069600

**Science editor:** Su-Xin Gou

**Date sent for review:** 2014-05-02 12:09

**Date reviewed:** 2014-05-11 18:34

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> Existing	<input type="checkbox"/> High priority for publication
<input checked="" type="checkbox"/> Grade C: Good	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> No records	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	BPG Search:	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade E: Poor		<input type="checkbox"/> Existing	<input checked="" type="checkbox"/> Minor revision
		<input type="checkbox"/> No records	<input type="checkbox"/> Major revision

### COMMENTS TO AUTHORS

This study aimed to use C-arm cone-beam CT for early assessment of ablation volume by comparing to both pre- and post-procedural MDCT. To my opinion, the methodology of the study is well designed to answer the research question. It appears that the author could demonstrate the correlation between the ablation volume assessed by cone-beam CT and post procedural MDCT. I have some comments to author below.

- The results demonstrated that the rate of primary effectiveness of the ablation is 100% (The minimal margin ablation of 5 mm was achieved in all cases) as well as good correlation between peri-procedural and post-procedural CT ablation volume. With this result, it seems to me that this peri-procedural ablated volume assessment by cone-beam CT might not be necessary. Because, it didn't add any changes in treatment or intervention to this selected group of patients. In addition, the technique is also added more radiation hazard and risk of intravenous contrast. One reason behind that might be the population include mostly small tumor size that could be ablated with single session. Therefore, the result does not demonstrate a good use of peri-procedural assessment of this technique (cone-beam CT).
- Table 1. The author did not state the meaning of the registration time and how to interpret. It might be better if the author gives the tumor volume together with tumor size. So, we will see the relationship between tumor volume and ablation volume.
- The author did not explain clearly why some cases demonstrated a certain volume differences between peri-procedural and post-procedural ablation seen in Fig 3b.
- There are



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some sentences that have not been finished writing. Please see the attached file.