

## Review Form 1.6

Journal Name:	<a href="#">Journal of Advances in Medicine and Medical Research</a>
Manuscript Number:	Ms_JAMMR_77835
Title of the Manuscript:	Computed Tomography for Evaluation and Follow up of Hepatocellular Carcinoma after Microwave Ablation
Type of the Article	Original Research Article

### **General guideline for Peer Review process:**

This journal's peer review policy states that **NO** manuscript should be rejected only on the basis of '**lack of Novelty**', provided the manuscript is scientifically robust and technically sound. To know the complete guideline for Peer Review process, reviewers are requested to visit this link:

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**PART 1: Review Comments**

	Reviewer's comment	Author's comment (if agreed with reviewer, correct the manuscript and highlight that part in the manuscript. It is mandatory that authors should write his/her feedback here)
<b>Compulsory</b> REVISION comments	<ol style="list-style-type: none"> <li>1. Evaluation of HCC patients by CT Scan after the MWA procedure is not tabulated. The m-RECIST evaluation criteria and their application in the current research study are not defined correctly in the article.</li> <li>2. References are not quoted in standardised format and are not numbered in body of the research article.</li> <li>3. References at the end of the research article are not numbered.</li> <li>4. References at the end of the research article are not quoted as per standard format – Vancouver or Harvard style.</li> <li>5. In table 7, under Statistical Analysis section, the abbreviations – LTP and IDR are not expanded at the end of the Table. IDR must be replaced by DTP – distant tumor progression.</li> </ol>	
<b>Minor</b> REVISION comments	<ol style="list-style-type: none"> <li>1. Few images of CT Scan study of the patients of HCC treated with MWA without and with recurrence (both LTP and DTP) at 1, 3 and 6 months follow up can be included in the research article to make it more interesting. An image of the MWA needle and instruments used in the procedure may also be included.</li> <li>2. Grammatical errors to be corrected.</li> </ol>	
<b>Optional/General</b> comments	<p>Very good topic for research. Very well written also. Wish little more detailed analysis of patients post procedure was done and tabulated.</p> <ol style="list-style-type: none"> <li>1. English needs improvement. There are grammatical mistakes as well. Use past tense. Please get it reviewed for English before submission.</li> <li>2. The statement “MWA is effective in the treatment of 5-8 cm HCC. In addition, MWA permits simultaneous tumor ablation or even combination resection and ablation.” in introduction section. This sentence needs modification. It is written that MVA permits simultaneous tumor ablation. What other thing does it do for which we are using the term simultaneously?</li> <li>3. “In a multicenter effort that collect data for patients treated with MWA for tumors of any origin, Microwave ablation has many advantages over RF ablation, including a shorter total period of microwave application for each lesion (median: 4 minutes/lesion), the use of fewer microwave applications for each ablated lesion, and the capability to coagulate blood vessels more efficiently and an important advantage of MWA over RF ablation is a less severe heat sink effect (Livraghi et al., 2012, Lloyd et al., 2011).” This portion in introduction is better shifted at the end of discussion to highlight benefits of MVA.</li> <li>4. This paper appears to have been carved out from some desertation work and so needs some modification. There is no need to separately mention inclusion criteria. Only highlight the patients which were excluded from the study which were not suitable for MVA. There is no need to mention general exclusion criteria for CT scan as such like pregnancy, allergy to contrast etc.</li> <li>5. Likewise, mention the relevant clinical features in 3-4 continuous sentences only and there is no need to have separate headings like history, clinical</li> </ol>	

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	<p>examination etc. Mention only relevant physical examination. There is no need to mention things like blood pressure in this context. This is a manuscript and not a clinical case sheet.</p> <ol style="list-style-type: none"><li>6. Methods section is very poorly written. It should be divided into sections like --- patient selection, imaging (CT ----- write proper and full name of CT machine along with its country of origin and also of pressure injector used) patient preparation, technique – physical parameters like kv, mas, etc. More importantly, it is important to mention timings of scan for various phases, flow rate of the contrast, amount of saline flushed, rate at which saline was flushed. Then mention when and how often CT was done. Clearly define the goals of preoperative and postoperative CT. Then write about patient preparation and technique of MVA.</li><li>7. Patient is given IV anaesthesia as well as local anaesthesia. This is perplexing. There is no term like IV anaesthesia. It is either general or local anaesthesia. It should be clarified which anaesthesia was given.</li><li>8. IV antibiotics are to be given for 3 days and the patient is being discharged after 6 hours. Is the patient expected to self administer IV antibiotics?</li><li>9. Give table detailing the mRECIST criteria in methods section.</li><li>10. Properly define criteria of total response, partial response and progression.</li><li>11. Section on statistics is very poorly written. Clearly define which data was numerical and which was categorical and respective statistical tests applied.</li><li>12. Only using child-pugh classification makes no sense. First mention how many patients had cirrhosis. Relate the things properly.</li><li>13. Table 1, 2 and figure 1 need to be deleted.</li><li>14. Table needs to be omitted too and the findings to be summarized in a line within the text.</li><li>15. Tables 5 and 6 to be deleted. Avoid repetitions. This has already been mentioned in the text.</li><li>16. What are LTP and IDR in table 7? Actually table 7 should be deleted.</li><li>17. Table 8 should be deleted and only a single line mentioning complications mat be added in the text.</li><li>18. As the title of the study suggests, efficacy of CT in evaluation of response should have been assessed by comparing the response as assessed by CT with that of other markers like alpha fetoprotein levels which is missing. P values of AFP have been calculated for assessing tumor response and not CT, while the objective was to assess tumor response to MVA by CT scan where APF should have been taken as reference/gold standard against which efficacy of CT should have been assessed. <b>So the very objective of the study has not been achieved.</b></li><li>19. Comparing various studies for age of liver lesions and age incidence in various countries here is pointless. Similarly, elaboration of etiology of liver cirrhosis in discussion is pointless and distracting from the aim of the study.</li><li>20. Pathogenesis of post-treatment pleural effusion in discussion is pointless.</li></ol>	
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**PART 2:**

	<b>Reviewer's comment</b>	<b>Author's comment</b> <i>(if agreed with reviewer, correct the manuscript and highlight that part in the manuscript. It is mandatory that authors should write his/her feedback here)</i>
<b>Are there ethical issues in this manuscript?</b>	<i>(If yes, Kindly please write down the ethical issues here in details)</i>	

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