Reviewer’s report

Title: Selection Criteria for Radiofrequency Ablation for Colorectal Liver Metastases in the Era of Effective Systemic Therapy: a Clinical Score based Proposal

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Reviewer: jinglin xia

Reviewer’s report:

Axel et al has completed a retrospective, single institution and long term follow-up study in order to define selection criteria for patients with liver-limited CLM who may benefit from adding RFA to systemic therapy. This work is vitally important in utility of RFA for hepatic metastases from colorectal cancer. Nevertheless, there are several important points that the authors need to clarify.

Major Compulsory Revisions

1. Methods, RFA procedure: RFA was guided by ultrasonography (US) or computed tomography (CT), but complete ablation was confirmed by US only. The evaluation method of end-point should agree with the prior guided manner.

2. Methods, Response evaluation: “Local RFA-site recurrence was defined as a 20% increase of the largest diameter at CT follow-up.” Is it an enhanced CT for response evaluation, or just plain CT? In order to achieve safety margin, necrosis diameter increased compared to tumor diameter in baseline. So it seems unreasonable to define local recurrence by diameter increase more than 20%.

3. Methods, Response evaluation and Table1: Please define intrahepatic recurrence in the follow-up.

4. Methods, Response evaluation: You’d better use mRECIST rather than RECIST in RFA response evaluation.

5. Results, Table1: Why there are two different result about 5-Fluorouracile, n (%) in systemic therapies before RFA column. Please correct.

6. Results: Response to RFA should be added to univariate analysis.

7. Results, Table5: Please clarify how many cases were included in each subgroup.

8. Results: Please clarify RFA complications.

9. Results, Scoring System for Predicting Outcome: Is it reasonable that each criterion was assigned one point.

10. All the patients involved in this paper underwent RFA. It would be better if
you could add the efficacy comparison of systemic therapies versus systemic therapies combined with RFA for unrespectable CLM.


**Level of interest:** An article of limited interest

**Quality of written English:** Acceptable

**Statistical review:** No, the manuscript does not need to be seen by a statistician.

**Declaration of competing interests:**

I declare that I have no competing interests