In Response

To the Editor:

We would like to sincerely thank Li et al. for their interest in our article (1) and their valuable suggestions.

This study aims to propose a novel sequential percutaneous radiofrequency treatment strategy. Radiofrequency parameters significantly impact treatment outcomes. We apologize for not clarifying in the article that the 2 centers involved in the study used nearly identical radiofrequency parameters, resulting in no substantial differences between the 2 patient groups. Consequently, these parameters were not included in the propensity score model.

The objective was to compare 2 strategies: initial pulsed radiofrequency treatment followed by any necessary conventional radiofrequency, and conventional radiofrequency alone. Patients who received a combination of pulsed and continuous radiofrequency were excluded from this study as they did not meet the inclusion criteria.

Controlling for confounders is crucial in retrospective studies. Although propensity score matching is widely used in propensity analysis, the inverse probability of treatment weighting has the advantage of retaining more data for analysis (2).

Moreover, undetected confounders may still be present. The E-value (3) and the double robust estimation (4) are advanced statistical approaches that help assess undetected confounders and enhance the reliability of results. We appreciate your suggestions, which provide new directions for our research. In future studies, we aim to incorporate data from additional research centers and employ advanced statistical methods to strengthen the credibility and generalizability of our findings.

This is the first study to propose the concept of sequential radiofrequency treatment, representing exploratory work in this area. However, given the limitations of this retrospective study, as noted in the conclusion, these findings should be interpreted with caution. We are grateful for your valuable suggestions and hope that future studies will further explore this area, providing additional evidence.

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