

RE: ESPS Manuscript NO: 21582

Dear Editor in Chief,

We are very thankful again to you and the reviewers for the critical reviewing of our manuscript entitled “Outcome of curative resection for perihilar cholangiocarcinoma in northeast Thailand”, (ESPS Manuscript NO: 21582) by Titapun et al., to the World Journal of Gastrointestinal Oncology. We appreciate the reviewers’ comments and suggestions. According to the comments, we revised and responded to each comment point by point as followings.

We believe that the manuscript has been improved satisfactorily and hope that it is now acceptable for publication in the in World Journal of Gastrointestinal Oncology.

Yours sincerely,

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### **Reviewer #1:**

1. The report about curative resection in this data analysis showed enough background of the study. The writing makes it interesting, however some minor corrections are required in the text. Result 1. 92,60.1%) and jaundice (90,58.8%).

**Response to reviewer:** This issue has been fixed.

2. tumor staging – needs consistency, format :stage IIIb, stage Iva, stage 1, etc.

**Response to reviewer:** This issue has been fixed.

3. hepatectomy = the procedure of liver resection, not the number of case (eg. 63 right hepatectomy)

**Response to reviewer:** This issue has been fixed.

4. define N0, N1, N2, HR

**Response to reviewer:** All of them have been defined.

5. Discussion 1. the curative resection of PCCA in Srinagarind hospital, KhonKaen, Thailand was safe with low perioperative mortality and a 5-year survival rate comparable to recent studies. - safe - means 100% survival ? or low perioperative mortality?

**Response to reviewer:** This issue has been fixed.

6. The paper showed there was some percent mortality and suggested the way to improve the R0 and mortality -comparable to recent studies - means the procedure, type of tumor or some other place? -future liver remnant volume = a predicted size?

**Response to reviewer:** This issue has been fixed.

### **Reviewer #2:**

1. Outcome of curative resection for perihilar cholangiocarcinoma in northeast Thailand By Titapun et al. A retrospective study of survival outcome in perihilar cholangiocarcinoma who were undergone curative resection attempt.

The analysis was made to examine parameters that affected the outcomes including clinicopathological states of the patients, preoperative and surgical processes during treatment. The study impacts the patient care procedure where it strongly suggests the curative surgical attempt along with necessary preoperative procedures will yield the better survival outcomes.

Some notes are made for authors to clarify as follows 1. Some inconsistency in values presented in Results: In text Survival analysis (p9, para 3) “Median survival time after curative resection was 19.9 months”, but in Fig.1 shows 19.0 months.

**Response to reviewer:** This issue has been fixed. 19.9 is the correct number.

2. In Fig 2 shows that Pre-operative biliary drainage & portal vein embolization have better 5-year survival rates, but in Table 4, these 2 parameters show the opposite direction. Authors may reexamine the conflicting results.

**Response to reviewer:** This issue has been fixed.

3. The comparison between pre-op drainage is misleading, because it was a comparison between patients with preop drainage and all other patients. It should compare between patients with certain conditions where drainage is an alternative, not all patients and similar with the preop-PVE. The better outcome in Fig.2 does not mean that all patients should be subjected to preop-procedures!. Authors should make the comparison in the set of patients in the situation of interest, not all patients.

**Response to reviewer:** This issue has been fixed.

4. Is there any explanation why patients with co-morbidity have seemingly better survival outcome ?

**Response to reviewer:** It has been described as in Page 14 Paragraph 2

5. It is interesting to see are there any differences between the intrahepatic and perihilar CCA in term of cancer staging, operative attempts and survival outcome.

**Response to reviewer:** We have added this information as in Page 12 Paragraph 2 and Page 14 Paragraph 3

6. Since adjuvant chemotherapy may affect the survival outcome, authors did not mention about such chemotherapy.

**Response to reviewer:** We have added this information as in discussion section Page 15 Paragraph 3

**Reviewer #3:**

The Authors should be complimented for a very important caseload of tumors which are so difficult to treat. The results are similar or slightly worse than previously reported (for instance, more than 50% of R1 resection). The discussion in very poor. No significant innovation is reported. English Language should be revised largely.

**Response to reviewer:** We have done more discussion and the English was corrected by Prof. Trevor N. Petney.