

## PEER-REVIEW REPORT

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

**Manuscript NO:** 35066

**Title:** Prognostic value of lymphovascular invasion for Bismuth-Corlette Type IV hilar cholangiocarcinoma patients with radical resection

**Reviewer's code:** 02462687

**Reviewer's country:** Japan

**Science editor:** Ze-Mao Gong

**Date sent for review:** 2017-06-21

**Date reviewed:** 2017-06-26

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	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"/> The same title	<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"/> Duplicate publication	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input type="checkbox"/> Plagiarism	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Major revision
		BPG Search:	
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

## COMMENTS TO AUTHORS

This is a retrospective study evaluating the effect of lymphovascular invasion (LVI) on the prognosis of Bismuth-Corlette Type IV hilar cholangiocarcinoma. The authors concluded that LVI had an adverse influence on the prognosis of patients with Bismuth-Corlette type IV hilar cholangiocarcinoma. This was well written, but there were several points to be clarified. Abstract 1. Please spell out the "LVI". Methods 1. Please provide the definition of LVI in the method section. This is the most important issue of this study. 2. Please provide how to obtain the pathological evidence of cancer. If not so, please provide it in the manuscript. 3. Please provide the number of each preoperative radiologic examination (CT, cUS, MRCP) in the manuscript, and also in the Table1. 4. In follow up section, please provide the definition of recurrence. 5. Please provide about the neoadjuvant and adjuvant therapy in this cohort. Results. 1. In the analysis of DFS and OS, resection margin were included. Inclusion criteria of this study

was R0 and R1, so positive resection margin indicate R1 resection? 2. Please include the type of surgery in DFS and OS analysis. Discussion 1. Please discuss about the relationship between LVI and prognosis in patients with cholangiocarcinoma other than Bismuth type IV hilar cholangiocarcinoma. 2. In the limitation, please provide the potential confounding factors to affect the relationship between LVI and the prognosis.

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**Manuscript NO:** 35066

**Title:** Prognostic value of lymphovascular invasion for Bismuth-Corlette Type IV hilar cholangiocarcinoma patients with radical resection

**Reviewer's code:** 00054186

**Reviewer's country:** Japan

**Science editor:** Ze-Mao Gong

**Date sent for review:** 2017-06-21

**Date reviewed:** 2017-07-04

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	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 type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C: Good	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Duplicate publication	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input type="checkbox"/> Plagiarism	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input type="checkbox"/> No	<input type="checkbox"/> Major revision
		BPG Search:	
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input type="checkbox"/> No	

## COMMENTS TO AUTHORS

The authors describes outcomes of surgery for Bismuth-Corlette type IV hilar cholangiocarcinoma (BC-IV-CCA). They emphasized devastating significance of lymphovascular invasion impacting postoperative survival outcomes. My concerns are as follows. 1. Final determination of BC-IV-CCA was done by what? Imaging findings? Pathology? I doubt if case with BC-IV-CCA which did not necessitate preoperative biliary drainage did exist such frequently (Approx. 30%). 2. What modality was most prioritized for judging BC-IV-CCA? 3. What margins was the author's description of margin status? Ductal? Radial? They should be individually assessed. 4. The author stated that LVI was significantly associated with either tumor size or nodal status. If so, inclusion of these variables together into a single multivariate model was considered inappropriate. If the authors want to emphasize significance of LVI, repeated multivariate analyses alternately including each variable should be done and must show

LVI has the largest hazard ratio compared to those of other variables. 5. I don't know why authors emphasized LVI or I think their method to emphasize it is inappropriate. Tumor size or nodal status, either of which is perceivable preoperatively to some extent with radiographic studies. Either seems more useful than LVI for me. The authors should emphasize results of subclass analyses. If above concerns are properly addressed, I think this manuscript is very interesting and worth being published.