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PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

Manuscript NO: 35121

Title: Characteristics and outcomes of cholangiocarcinoma by region in Thailand: A nationwide study

Reviewer's code: 01221192

Reviewer's country: Romania

Science editor: Ya-Juan Ma

Date sent for review: 2017-06-30

Date reviewed: 2017-07-05

Review time: 5 Days

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	Google Search:	<input checked="" type="checkbox"/> [Y] Accept
<input type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> [Y] Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input type="checkbox"/> [] High priority for publication
<input checked="" type="checkbox"/> [Y] 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 checked="" type="checkbox"/> [Y] No	<input type="checkbox"/> [] Minor revision
<input type="checkbox"/> Grade E: Poor		BPG Search:	<input type="checkbox"/> [] Major revision
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> [Y] No	

COMMENTS TO AUTHORS

The manuscript is nicely written and deals with an important healthcare problem in Thailand.

PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

Manuscript NO: 35121

Title: Characteristics and outcomes of cholangiocarcinoma by region in Thailand: A nationwide study

Reviewer's code: 02439777

Reviewer's country: South Korea

Science editor: Ya-Juan Ma

Date sent for review: 2017-06-30

Date reviewed: 2017-07-07

Review time: 7 Days

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

1. The data regarding cholangiocarcinoma (CCA), liver fluke or *O. viverrini* (OV) have not been presented under the results of this study. Therefore, the descriptions on liver fluke under Conclusion should be deleted from Abstract. Also, in this study, the definite relationship between the cause of CCA and OV infections have not directly explored. Hence, it is advisable to briefly discuss these ideas with comparisons to other studies. It could be misleading to provide lengthy descriptions about the relationship between CCA and OV infections when the prevalence of OV has not been researched in this study. 2. What are the related diseases which cause Cirrhosis? It is advisable to include data which explains whether the causes include hepatitis, alcohol or other factors. 3. Was there a difference in morbidity between the liver cirrhosis (LC) with hepatitis B or C group and the liver cirrhosis (LC) without hepatitis group? If so, it is necessary to

analyze whether hepatitis affects the difference in CCA morbidity as this seems to be more significant than analyzing LC. 4. The descriptions under Discussion seem to be quite irrelevant and textual. Since there is no analysis regarding the treatment and survival rates of CCA, it is advisable that the following description be deleted on page 25: "CCA is an insidious disease, with median survival of only 8 months and 5-year survival of only 10%.in mortality among regions requires further investigation". 5. The descriptions on page 17 are redundant as they have been previously presented in the manuscript. Therefore, it is advisable to summarize the following descriptions within two sentences: "Of note, we recognize that the proportions of patients with hepatitis B and C.....and determine the relationship between OV infection and CCA incidence by regions".

PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

Manuscript NO: 35121

Title: Characteristics and outcomes of cholangiocarcinoma by region in Thailand: A nationwide study

Reviewer's code: 03700068

Reviewer's country: China

Science editor: Ya-Juan Ma

Date sent for review: 2017-06-30

Date reviewed: 2017-07-11

Review time: 11 Days

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 checked="" 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

The study aimed to identify potential risk factors of cholangiocarcinoma patients among 5 different regions of Thailand, the author found that diabetes and chronic liver diseases may be associated with cholangiocarcinoma in the Thai population. The manuscript may be of some value. There are some revision points. 1. There are also other factors that may attributed to this disease, such as age, the choledocholithiasis or hepatolithiasis, choledochal cysts, bile duct adenoma, Caroli's syndrome and so on, especially the choledocholithiasis or hepatolithiasis, which is more common in Asian countries than western countries, author should explain why did not involve these factors and how these factors affect the results. 2. Author in the introduction part wrote that Cholangiocarcinoma is the second most common primary liver tumor, in fact Cholangiocarcinoma is a malignant disease different from liver tumor, the surgical

procedure and prognosis was totally different. 3. There are some spelling mistakes, language should be strengthened. 4. We are wondering the causes that lead to the Cirrhosis in the current study, please explain the reasons and we are also want to know about the differences between hepatitis-related Cirrhosis and non-hepatitis-related Cirrhosis in affecting the prevalence of cholangiocarcinoma. 5. May be some figures are needed. 6. In fact, cholangiocarcinoma includes three types, intrahepatic, hilar and distal. Each with a different surgical procedure, and the prognosis was also different, it would be better if the authors analyze the characteristics and outcomes of these three types of classification respectively. 7. The author in this passage did not involve the treatment options of all the 39399 patients, since different treatment choices may contribute to different survival outcomes, because authors also presented the total survival data, it would be more meaningful if authors can present the survival data according to different treatment options.

PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

Manuscript NO: 35121

Title: Characteristics and outcomes of cholangiocarcinoma by region in Thailand: A nationwide study

Reviewer's code: 01438831

Reviewer's country: Japan

Science editor: Ya-Juan Ma

Date sent for review: 2017-06-30

Date reviewed: 2017-07-13

Review time: 13 Days

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input checked="" type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
<input checked="" 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
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		<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 an informative article about the risk factors of cholangiocarcinoma in Thailand using nationwide data base. The fact that, even in Thailand, diabetes and hepatitis are the risk factors of cholangiocarcinoma in the region where fluke infection is not endemic, is interesting. In this study, C24.1 of the ICD-10 is included in cholangiocarcinoma (in Study population section). Because C24.1 demonstrates cancer of ampulla of Vater, it is necessary to explain the reason that the author included this in cholangiocarcinoma. As the author mentioned it in the last of the manuscript, unfortunately they were not able to determine the relationship between fluke infection and cholangiocarcinoma. It is a little deviation from the main point of this paper, but many readers' concern may be association between fluke infection and cholangiocarcinoma genesis. It would be better to add brief topics about that in discussion.

PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

Manuscript NO: 35121

Title: Characteristics and outcomes of cholangiocarcinoma by region in Thailand: A nationwide study

Reviewer's code: 02542021

Reviewer's country: South Korea

Science editor: Ya-Juan Ma

Date sent for review: 2017-06-30

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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 checked="" 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 valuable study using big data regarding to cholangiocarcinoma. The authors need to clarify or explain some points. 1. Please show the division of region (northeast, north, central, etc.) on the Thailand map. 2. Non-CCA patients include all patients without CCA in the data registry? Please more describe about non-CCA patients in Study population section and Table 1. 3. The data registry probably did not contain full information regarding cirrhosis, B/C hepatitis, and diabetes in all patients. What percentages were available in the data registry? 4. Patients with B or C hepatitis do not have cirrhosis? If so, what are the causes of cirrhosis? 5. How do you calculate one-year mortality? Describe in Statistical analysis section. 6. Please describe Ptrend method in Statistical analysis section.