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PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Cases

Manuscript NO: 46558

Title: Radiation Therapy for Extrahepatic Bile Duct Cancer: Current Evidences and Future Perspectives

Reviewer's code: 00722050

Reviewer's country: Canada

Science editor: Ze-Mao Gong

Reviewer accepted review: 2019-02-23 23:33

Reviewer performed review: 2019-02-25 14:01

Review time: 1 Day and 14 Hours

SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION	PEER-REVIEWER STATEMENTS
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	<input type="checkbox"/> Accept	Peer-Review:
<input type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language	(High priority)	<input checked="" type="checkbox"/> Anonymous
<input checked="" type="checkbox"/> Grade C: Good	polishing	<input type="checkbox"/> Accept	<input type="checkbox"/> Onymous
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of	(General priority)	Peer-reviewer's expertise on the
<input type="checkbox"/> Grade E: Do not	language polishing	<input checked="" type="checkbox"/> Minor revision	topic of the manuscript:
publish	<input type="checkbox"/> Grade D: Rejection	<input type="checkbox"/> Major revision	<input checked="" type="checkbox"/> Advanced
		<input type="checkbox"/> Rejection	<input type="checkbox"/> General
			<input type="checkbox"/> No expertise
			Conflicts-of-Interest:
			<input type="checkbox"/> Yes
			<input checked="" type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS

Extrahepatic bile duct cancer is a malignancy that extends from both hepatic ducts to the common bile duct and it accounts for 3% of all gastrointestinal cancers. The treatment of choice for extrahepatic bile duct cancer is surgical resection, with complete resection



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having a 5 year survival of 50% compared to a 5 year survival of 0% with incomplete resection. Adjuvant chemotherapy has increased the survival of patients with bile duct malignancies. The addition of radiation therapy is another potential treatment approach for improving the outcome of patients with extrahepatic bile duct cancer. Radiation therapy can be either adjuvant, definitive or palliative. The aims of this study was to review studies investigating adjuvant radiotherapy for resected extrahepatic bile duct cancer; summarise reports of definitive radiotherapy for unresectable extrahepatic bile duct cancer and the benefits of palliative radiotherapy combined with biliary stent insertion. For this review the authors used 6 studies to investigate the adjuvant chemotherapy for resected extrahepatic bile duct cancer; 8 studies to review definitive chemotherapy for unresected extrahepatic bile duct cancer; 3 studies for stereotactic body radiotherapy for hilar cholangiocarcinoma and 4 studies for palliative radiotherapy for stent patency in hilar cholangiocarcinoma. Novelty /Originality This article is sufficiently novel and interesting to warrant publication. No previous review studies were found for radiation therapy for extra hepatic bile duct cancer. However, review studies for different approaches towards the management of cholangiocarcinoma were found. This article can contribute to the advancement of science and the delivery of healthcare as it has the potential to improve the management of extra hepatic bile duct cancers. Importance This review article summarised data gathered from previous published research studies about radiotherapy use in the management of extrahepatic bile duct cancer. The findings of this study has the potential to improve the management of extrahepatic bile duct cancer since provides a summarized review of the use of radiation therapy in the management of extrahepatic bile duct cancer. Presentation This article was clearly laid out with all the key elements present. The title clearly described the content of the article, while the abstract provided a good summary of the content of the manuscript. In the introduction the authors clearly stated their objectives and the aim



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of their investigation. The methodology used and results obtained were described by the authors. However, the authors could have indicated what criteria was used to select the research papers that were reviewed for this manuscript. The study design was suitable for the aim of the study with adequate statistical analysis conducted on the results obtained. Appropriate tables which were both clear and informative were included in the manuscript. In the discussion, the author summarized his findings with these findings being relevant to previous studies. The results obtained supported the claims of the researcher with the speculations and extrapolations being reasonable. The article was well written and language used was scientific. References The references used in this manuscript were sufficient, appropriate and recent. Scientific Merit Extrahepatic bile duct cancer is a rare gastrointestinal malignancy that involves neoplastic changes extending from both hepatic ducts to the common bile duct. The information which was summarised by the authors along with further research can potentially improve the management of patients with extrahepatic bile duct cancer. There was no clear criteria listed by the authors as to how they chose which studies to use for their review. A selection criteria would have been useful especially since the authors used a lot of statistics and percentages in the manuscript. The lack of guidelines remains one of the major barriers for the administration of radiotherapy to patients with extrahepatic bile duct cancer. This is due to the rarity of the diseases along with the limited number of studies done for the use of radiotherapy. This study was warranted, and the findings of this study can provide a for an opportunity to develop guidelines for the use of radiotherapy in the management of extrahepatic bile duct cancer. Limitations and recommendations such as the need for further research and development of guidelines for radiotherapy use were addressed by the researchers. Ethical Issues There was neither plagiarism nor fraud in this manuscript.



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INITIAL REVIEW OF THE MANUSCRIPT

Google Search:

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