

Format for ANSWERING REVIEWERS

October 06, 2013



Dear Editor,

Title: Routine Lymph node dissections may be not suitable for all the intrahepatic cholangiocarcinoma patients: Results of a monocentric series

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Name of Journal: *World Journal of Gastroenterology*

ESPS Manuscript NO: 4681

We would like to thank WJG for giving us the opportunity to revise our manuscript.

Thank you and the reviewers for the constructive comments and suggestions on our manuscript entitled " **Routine Lymph node dissections may be not suitable for all the intrahepatic cholangiocarcinoma patients: Results of a monocentric series** ".We have carefully taken the suggestions into consideration in preparing our revision. The manuscript has been improved according to the suggestions of reviewers:

Revision has been made according to the suggestions of the reviewer

(1)Comments on: "Routine Lymph node dissections is not suitable for all the intrahepatic cholangiocarcinoma patients: Results of a monocentric series". It is a well written manuscript that addresses an interesting topic. It also provides useful data on recurrences. I find however that it is missing two big pieces. 1) There are two main groups, those patients who did not undergo surgery of lymph nodes, and those patients who did undergo node dissection. The authors do not present the full comparison between these two groups. Instead, the manuscript immediately jumps into a selective comparison of LND(-) vs. LND(+)LN(-), skipping the comparison of LND(-) vs. LND(+). 2) The second missing piece is a multivariate regression analysis. This is a retrospective study. It would be worthwhile to try to adjust against possible confounding factors in a multivariate table. Minor remark: Table 1 mentions various sectionectomies. I believe that the paragraph on surgical procedure should give some brief explanation.

Answer:

There were two main groups in our research, those patients who did not undergo lymph nodes dissection(LND), and those patients who underwent LND. We did have a comparison between these two groups and found that the survival time of these two groups has no difference. The reason was that prophylactic LND was not performed in patients in whom LN involvement had not been identified by preoperative imaging (CT and MRI) and intraoperative assessment in our study. Patients who underwent LND were all considered suspicious for metastases. So the direct comparison of LND(-) vs. LND(+) would be meaningless for a choice bias. That was why we did not present the direct comparison between these two groups.

It has been widely studied and reported that lymph node metastases was one of the main risk factors associated with survival rates of ICC patients. We had already present many references in the article to confirm this point. Although lymph node metastases was considered a risk factor, whether routine LND should be adopted is still controversial. The indication and role of lymph node dissection are still a matter of discussion, and no clear guidelines exist in ICC patients. The key point of our work was to discuss the role of LND in ICC patients but not the risk factories. That is why we focus on the survival of LND instead of the risk factories of ICC.

Brief explanation of surgical procedure has been added in the PATIENTS AND METHODS section

(2) The authors 124 ICC patients who had undergone surgical resection of ICC from January 2006 to December 2007 were assessed and the impact on survival of LND during primary resection was analyzed. They concluded that ICC patients without lymph node involvement and patients with multiple tumors and lymph node metastases may not benefit from aggressive lymphadenectomy. Routine LND should be considered with discretion. The study is interesting but some points: 1. Did they perform lymphoscintigraphy (radionuclide, dye,...) to find sentinel node in these cases? 2. Add a table in the discussion section including previous studies characteristics such as year of publication, types of lymphoscintigraphy, number of cases,

Answer:

We did not perform lymphoscintigraphy to find sentinel node. The suspicious LNs were identified by preoperative imaging (CT and MRI) and intraoperative assessment (examination and palpation of the hepatic hilum and hepatoduodenal ligament). Prophylactic LND was performed to the patients with suspicious LNs.

A table including previous studies characteristics has been added in the Discussion.

(3) The authors investigated the benefit of lymph node dissection (LND) in the patients with intrahepatic cholangiocarcinoma (ICC). The impact on survival and disease free survival of LND during primary resection was analyzed. They concluded that ICC patients without lymph node involvement and patients with multiple tumors and lymph node metastases may not benefit from aggressive lymphadenectomy, so routine LND should be considered with discretion. This study design is appropriate and the conclusion is reasonable. The paper is also well documented. However, there are some defects (described below) in this article. 1. The title should be "Routine lymph node dissections may be not suitable for all the intrahepatic cholangiocarcinoma patients: results of a monocentric series". 2. There are stylistic or other errors throughout the manuscript. For example: Page 3, the sentence of the second paragraph (lines 11 and 12): "It is important to define the role of LND because it is a modifiable factor by a surgeon during hepatic resection. But no clear guidelines yet exist. → It is important to define the role of LND because it is a modifiable factor by a surgeon during hepatic resection, but no clear guidelines yet exist". Page 6, line 7: X2→...x2 Page 6, line 12: Clinicopathological patient characteristics → Clinicopathological characteristics Page 6, the sentence of the last paragraph (lines 20 and 21): "59 minor resection. → ... 59 patients underwent minor resection". I recommend that the authors meticulously check the manuscript before resubmission. 3. Which edition of AJCC/UICC did the author use in the article?

Answer:

Thanks for the careful reviewing. The title and the mentioned defects had been corrected and the manuscript had been checked. TNM staging of tumors followed the guidelines of the 7th edition of the American Joint Committee on Cancer/International Union against Cancer. Intrahepatic cholangiocarcinoma was classified by gross appearance, as proposed by the Liver Cancer Study Group of Japan.

Thank you again for publishing our manuscript in the *World Journal of Gastroenterology*.

Sincerely yours,



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