



PEER-REVIEW REPORT

Name of journal: World Journal of Gastrointestinal Oncology

Manuscript NO: 65824

Title: Moving forward in the treatment of cholangiocarcinoma

Reviewer's code: 06006609

Position: Peer Reviewer

Academic degree: MD

Professional title: Doctor

Reviewer's Country/Territory: Thailand

Author's Country/Territory: Italy

Manuscript submission date: 2021-03-16

Reviewer chosen by: Ya-Juan Ma

Reviewer accepted review: 2021-03-27 10:34

Reviewer performed review: 2021-04-04 04:37

Review time: 7 Days and 18 Hours

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input checked="" type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Language quality	<input type="checkbox"/> Grade A: Priority publishing <input checked="" type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
Conclusion	<input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input checked="" type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
Re-review	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Peer-reviewer statements	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No



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SPECIFIC COMMENTS TO AUTHORS

Dear editor Thank you so much for inviting me to review this manuscript about cholangiocarcinoma (CCA). Overall this manuscript was about to review current and future trend in CCA in almost all aspect. I may suggest following points for improvement and modification for the manuscript. Introduction: Authors included incidence, classification of CCA and survival outcome. About incidence of CCA, actually there are not globally homogenous rare. Countries in Southeast Asia eg. Thailand, Laos had extremely high incidence of CCA. Authors should recognise and add this information in the article. Author mentioned CCA classification were suboptimal and heterogenous genetic aberation, for more consistence of the context, genetic subtype of CCA (doi:10.1158/2159-8290.CD-17-0368) and large vs small duct type of CCA (doi:10.1002/jhbp.154) shuld be briefly included. In last section, authors concluded that CCA remain rare, no recognized risks and poor prognosis. This is not exactly correct because in Asia CCA is high incidence, liver fluke infection were known strong risk factor and some type of CCA (papillary CA, intraductal tumor) had good prognosis. Overall introduction part is good but not strongly convey to the gap "why authors review current treatment for CCA. Current phamacological treatment: Author briefly explained two famous landmark trial for systemic treatment in CCA, ABC-02 2010 and BILCAP trial 2017. For better understanding for readers, Authors should discussed in seprated setting, Palliative or adjuvant systemic therapy and included more available completed trials. Suggested publication, (<https://doi.org/10.3390/cancers12092599>) Future Treatment: Authors comprehensively reviewed potential treatment and current ongoing study. Nothing to comment. Surgical or Ablative treatment: I not sure why authors put statement " or ablative" since ablation therapy is not a standard treatment for CCA and authors mention only sugical treatment in later part. Surgical perspective in perihilar CCA, most of patients present with jaundice and impaired liver function. Role



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of pre-operative biliary drainage and pre-operative preparation are important and widely discussed, authors should discuss this point. Since there were a lot of data authors should concluded in each treatment option, by your experiences, what is standard treatment, what is controversial and what is the promising trend. Conclusion: Figure 1 was not convey the message, table may be better understanding. I don't see reference to table 1 in the main text. This article has good concept and comprehensive reviewed. I think this article is suitable for publication after revision regarding to comment above.