

PEER-REVIEW REPORT

Name of journal: *World Journal of Gastrointestinal Oncology*

Manuscript NO: 87194

Title: Cohort study to assess geographical variation in cholangiocarcinoma treatment in England

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 04420302

Position: Peer Reviewer

Academic degree: MD

Professional title: Doctor

Reviewer's Country/Territory: Brunei Darussalam

Author's Country/Territory: United Kingdom

Manuscript submission date: 2023-08-07

Reviewer chosen by: AI Technique

Reviewer accepted review: 2023-08-08 01:40

Reviewer performed review: 2023-08-18 12:50

Review time: 10 Days and 11 Hours

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Novelty of this manuscript	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No novelty
Creativity or innovation of this manuscript	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Good <input checked="" type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No creativity or innovation

Scientific significance of the conclusion in this manuscript	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Good <input checked="" type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No scientific significance
Language quality	<input checked="" type="checkbox"/> Grade A: Priority publishing <input 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 checked="" type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
Re-review	<input checked="" type="checkbox"/> Yes <input 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

SPECIFIC COMMENTS TO AUTHORS

This manuscript by Jose et al is a retrospective cohort study to “assess geographical variation in cholangiocarcinoma treatment in England”. Due to cholangiocarcinoma (CCA) being a rare disease with heterogenous subtypes that is tough to diagnose and manage, the authors aimed to investigate how treatments differ in various locations within England. Three datasets were utilised in this study, namely, The National Cancer Registration Dataset (NCRD), Hospital Episode Statistics and the Systemic Anti-Cancer Therapy Dataset. Patients diagnosed within the four-year period between 2014 and 2017 were studied. The three end-points of interests were 1. Potentially curative surgery for all patients 2. Systemic therapy and 3. Stent insertion. The authors concluded that “Substantial regional variation in treatment could be due to differences in case-mix, clinical practice or access to specialist expertise”.

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Title: Cohort study to assess geographical variation in cholangiocarcinoma treatment in England

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 05266421

Position: Peer Reviewer

Academic degree: PhD

Professional title: Doctor

Reviewer's Country/Territory: China

Author's Country/Territory: United Kingdom

Manuscript submission date: 2023-08-07

Reviewer chosen by: AI Technique

Reviewer accepted review: 2023-08-31 07:17

Reviewer performed review: 2023-08-31 08:21

Review time: 1 Hour

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
Novelty of this manuscript	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No novelty
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	Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS

The topic is very interesting and the statistical method is quite rational. However, I have some questions as follows: Major: 1) as a clinician, I pay more attention to the survival data. The authors should first make clear whether the treatment options could influence the survival of patients, considering that they enrolled patients between 2014 and 2017, which means sufficient follow-up 2) the results in the "Abstract" are too simple to reach the conclusion in the "Abstract" and the "core tip", and more details should be added; 3) the authors pay attention to the association between treatment options and patients and tumor, but another factor, local medical condition, is not underpinned. 4) the percentage of patients receiving non specific treatment in the the European Reference Network for the Study of Cholangiocarcinoma was 20%, but it was 50%. the authors should explain why? 5) in the the European Reference Network for the Study of Cholangiocarcinoma, around 20% did not receive any specific cancer therapy, but best supportive care only. To the best of knowledge, the best support care is also an option for patients; and therefore, i wonder if 50% of CCA patients in England did not receive any treatment including the best support care Minor: 1) in the "Introduction", the author



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stated that "CCA comprise the second most common form of primary liver cancer worldwide, after hepatocellular carcinoma" in Line 15-16, but I think it is not appropriate. eCCA could not be cateroried into primary liver cancer. 2) in the "Introduction", the authors undeliend the differences amongst the three sub-types, but I think it should be weakened and more common characteristics might be appropriate here