

Point-by-point responses

Invited Manuscript ID: 03475120

Name of Journal: **World Journal of Hepatology**

Manuscript ID: 55271

Manuscript Type: **Retrospective study**

Title: **Surgical treatment of gallbladder cancer: an eight-year experience of a single center**

Corresponding author: **Tomohide Hori, PhD., MD., FACS.**, Editorial Board member of World Journal of Gastrointestinal Oncology (Number ID: 03475120)

Thank you for your valuable suggestions.

According to reviewers' comments, we revised our initial manuscript.

Please review our revised manuscript.

We prepared Marked revised manuscript and Clear version. In the marked version, additional mentions are **in Red**, and deleted sentences are shown **in Red with strikethrough**.

Also, this summary of responses (Point-by-point responses) was separately made.

English language: Manuscript (Main body, table and figures) has been already checked by English consultant (edanz editing, ordering ID:

J1905-129425-Kamada). I attached a Certificate for English language, with this document.



If you have any questions, please do not hesitate to contact me by e-mail.

Sincerely yours,

Tomohide Hori, PhD., MD., FACS.

Number ID: 03475120, Editorial Board member of World Journal of Gastrointestinal Oncology

To Reviewer, Andrew Gumbs

‘This is an interesting article with very honest results. I had some questions regarding the English and actually tried to edit the entire paper. Some specific issues I will list here.’

Thank you for your valuable suggestion and kindness.

According to your suggestions, we revised our initial manuscript.

1. Intentional dissection of lymph nodes

‘What does intentional lymph node dissection refer to, the opposite of intentional is “accidental,” do you mean that other lymph node dissections were not intended and were by accident?’

Thank you for your valuable suggestion.

We agree dissection of lymph nodes is always intentional (not accidental). As described in the revised manuscript, GB cancer will invade not only into the lymphoid duct and vessels but also into peribiliary nerve plexus (Page 9 line 6-7, in the Marked revised manuscript). Therefore, in this manuscript, we want to especially emphasize our intention during this procedure.

2. Pathological assessments for invasions into the lymphoid duct, vessels and peribiliary nerve plexus

‘Does “nerve plexus invasion” refer to “neurovascular invasion” noted on pathology reports?’

Thank you for your valuable suggestion.

In our institution, all pathological findings were assessed by at least three pathologists. Moreover, Invasions into the lymphoid duct, vessels and peribiliary nerve plexus were carefully pathologically assessed, respectively.

According to your suggestion, we revised the mention in the revised manuscript as 'Invasions into the lymphoid duct, vessels and peribiliary nerve plexus were pathologically assessed, respectively. These invasions occurred in six, ten and five cases, respectively (Table 3). (Page 9 line 6-8, in the Marked revised manuscript)'.

3. Table 5 does Perineal=Peritoneal?

Thank you for your suggestion.

So sorry, we made a mistake in the initial Table 5 (revised Table 4). The word 'Peritoneal' is correct.

According to your suggestion, we revised the initial Table 5 (revised Table 4).

4. Minimally-invasive approaches and new references

'You do not mention anything about minimally invasive approaches to gallbladder cancer despite substantial literature on the topic. Please consider commenting on it in your manuscript. For example: Laparoscopic'

Thank you for your valuable suggestion.

According to your suggestion, we added the mention in the Discussion

section, and new 5 references (Ref# 83-87) in the Reference list, as follow:
'Skillful surgeons conversed on the topic of minimally invasive approaches to GBC[83-87], and we all may have to focus on these advanced manipulations in near future. (Page 15 line 6-8, in the Marked revised manuscript)'.

5. Reflection of your corrections in the revised manuscript

Thank you for your suggestion and kindness.

We respect your corrections, and revised our initial manuscript according to your editing.

To Reviewer #2

Thank you for your valuable suggestions.

According to your suggestions, we revised our initial manuscript.

1. English language

'The contents of this paper are rich and the statistical methods are used properly, which fully meet the requirements of this journal. But the grammar is slightly uncomfortable and I forgot to correct it.'

Thank you for your positive evaluation.

So sorry, our English is poor. Therefore, we ask the English consultant to edit our manuscript including Tables and Figures, beforehand (edanz editing, ordering ID: J1905-129425-Kamada). We attached language certificate with this

document.

Fortunately, another reviewer (Dr. Andrew Gumbs) edited our initial manuscript during review process, and according to his suggestions, we corrected many mentions in the revised manuscript. We all thanks to his kindness.

To Reviewer #3

Thank you for your valuable suggestions.

According to your suggestions and other reviewers' comments, we revised our initial manuscript.

1. Sample size and bias

'Paper is well written, easy to read and the topic is interesting But your experience is limited with only 19 cases so the amount of patients of each stage is small and the conclusions are not strong 19 cases in 9 years (2 cases/year)'

Thank you for your valuable suggestion.

We all understand that this study was as a comparative, observational and retrospective study performed at a single institution, and our sample size was not enough. We cannot rule out bias and other potential limitations, and understood that our study's conclusions must be interpreted with extreme caution.

We clearly documented this point in the text, as 'This study was as a comparative, observational and retrospective study performed at a single institution, and our sample size was small. Also, this study was not a randomized controlled trial. Accordingly, we cannot rule out bias and other potential limitations. Of course, we understood that our study's conclusions must be interpreted with extreme caution (Page 15 line 9-13, in the Marked revised manuscript).'

2. Deletion of Table for TNM classification

'TNM classification is not necessary to be included'

Thank you for your suggestion.

According to your suggestion, we deleted the initial **Table 1** (TNM classification) in the revised manuscript.

3. Central inferior bisegmentectomy

'In my opinion your definition of radical /extended cholecystectomy is not adequate. A bisegmentectomy IVB/V should be done in such cases'

Thank you for your valuable suggestion.

We all respect your opinion that radical or extended cholecystectomy is inadequate, and that bisegmentectomy (resection of segments 4b and 5) is suitable for GBC. Also, new references were added in the revised manuscript (Ref# 80-82).

According to your suggestion, we clearly described this point with new references (Ref# 80-82, in the revised manuscript), as 'Central inferior

bisegmentectomy (i.e., hepatectomy of segments 4b and 5) is suitable for GBC[80-82], though we employed radical or extended cholecystectomy' (Page 15 line 4-6, in the Marked revised manuscript).