

PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

Manuscript NO: 38868

Title: The Impact of the Number of Examined Lymph Nodes on Outcomes in Patients with Lymph Node-Negative Gallbladder Carcinoma

Reviewer's code: 02855928

Reviewer's country: Japan

Science editor: Xue-Jiao Wang

Date sent for review: 2018-03-27

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CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
<input checked="" type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input checked="" type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C: Good	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Duplicate publication	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		BPG Search:	<input type="checkbox"/> Major revision
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

COMMENTS TO AUTHORS

Focus on the harvested LN number for N0 GB cancer is nice. This paper involves new knowledge, and their insight is so informative for journal readers. Especially, cut-off levels of examined LN number in each stage is excellent. Some GB cancer in stage II or III, tumor may be extended not only LN metastasis but also direct nerve invasion. Hence, intentional nerve dissection may be required in these stages. This point is still controversial, and surgical guideline should be developed for not only LN dissection but also nerve dissection. This point should be mentioned in the Discussion section.

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Name of journal: World Journal of Gastroenterology

Manuscript NO: 38868

Title: The Impact of the Number of Examined Lymph Nodes on Outcomes in Patients with Lymph Node-Negative Gallbladder Carcinoma

Reviewer's code: 00181208

Reviewer's country: Switzerland

Science editor: Xue-Jiao Wang

Date sent for review: 2018-03-27

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Review time: 14 Days

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input type="checkbox"/> High priority for publication
<input checked="" type="checkbox"/> Grade C: Good	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Duplicate publication	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input checked="" type="checkbox"/> Plagiarism	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Major revision
		BPG Search:	
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

COMMENTS TO AUTHORS

This is a useful retrospective review of an extensive cohort of lymph node-negative gallbladder carcinoma patients from SEER, attempting to inform on required lymph node number to be dissected for optimal survival results. I have the following major comments: - It is not clear if there is any clinical value on identifying the optimal number of lymph nodes to be procured for each stage separately as the staging is pathologic for clinically (radiologically) negative lymph node cases. That means that stage is defined post-operatively. As a result the recommendation for patients with IIIA disease (worst case scenario for node negative disease) would be the one for stages I and II too. This is depicted in the guideline. Separating the stages is only going to create confusion from a clinical point of view. Moreover, and equally important for the value of the report, results provided do not exclude the possibility that the next number of lymph nodes (i.e.



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4 for stage I, 6 for stage II and 7 for stage IIIA) could not have additional benefit. It is not clear whether the authors performed these comparisons and why they do not report the findings. - The x-tile tool is used for finding an optimal cut-off for prognostic markers by identifying the cut-off of a marker that gives an optimal discrimination of the above or below group but it is not appropriate for a question such as the one the authors have at hand where comparisons should be continued till no survival difference is found between the two groups. Given the two above points the report should be rewritten and the major conclusion should be that at least 6 nodes are needed (or more if additional comparisons show that) which is also consistent with the current recommendations. Some additional comments: - In methods line 5: it should be one or more LN examined. - In line 7 of methods the exclusion of unknown cause of death could introduce bias. I am not sure that this is advisable in a disease that has more than 90% mortality at 5 years. - In line 8 of methods it should be explained what these codes are. - A discussion should also be included on how the staging of patients was performed in the database. Had all patients had CT scans? Was PET used in any? - In the statistical analysis it should be mentioned if all the parameters considered in the multivariate analysis were significant in univariate analysis. In addition, chemotherapy treatment should be considered as a parameter.