



## PEER-REVIEW REPORT

**Name of journal:** World Journal of Gastroenterology

**Manuscript NO:** 53913

**Title:** A practical review for diagnosis and clinical management of perihilar cholangiocarcinoma

**Reviewer's code:** 03479126

**Position:** Peer Reviewer

**Academic degree:** MD

**Professional title:** Assistant Professor

**Reviewer's Country/Territory:** China

**Author's Country/Territory:** Italy

**Manuscript submission date:** 2019-12-31

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2020-01-02 14:04

**Reviewer performed review:** 2020-01-05 15:21

**Review time:** 3 Days and 1 Hour

<b>Scientific quality</b>	<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 Grade E: Do not publish
<b>Language quality</b>	<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
<b>Conclusion</b>	<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
<b>Re-review</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Peer-reviewer statements</b>	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**

This study is a well designed review, the authors concentrated on the diagnosis, staging, treatment of pCCC, which is a relatively advanced stage of CCC. They performed a systematic review of current literatures about the diagnosis and treatment of pCCC, and interestingly, they provide comprehensive substaging of pCCC. However, there are still some small tips for authors. As we all konw, there is no standrad systematic chemotherapy for CCC, we recommed the authors providing more detail information about the chemotherapy or other adjuvant treatment for pCCC.



## PEER-REVIEW REPORT

**Name of journal:** World Journal of Gastroenterology

**Manuscript NO:** 53913

**Title:** A practical review for diagnosis and clinical management of perihilar cholangiocarcinoma

**Reviewer's code:** 05106340

**Position:** Editorial Board

**Academic degree:** MD, PhD

**Professional title:** Professor

**Reviewer's Country/Territory:** China

**Author's Country/Territory:** Italy

**Manuscript submission date:** 2019-12-31

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2020-01-02 14:21

**Reviewer performed review:** 2020-01-10 02:22

**Review time:** 7 Days and 12 Hours

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 Grade A: Excellent [ ] Grade B: Very good [ ] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish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



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## **SPECIFIC COMMENTS TO AUTHORS**

This is an excellent work, which answered many of the clinical questions and compensate the current guidelines. However, there were several limitations in this review. Major: 1. In Line 15, Page 4, the author stated that “CCC accounts for 20% of primary liver tumors”. However, primary liver cancer typically includes hepatocellular carcinoma and intrahepatocellular cholangiocarcinoma, but not CCC, which is also different from the depiction in the Abstract. In addition, the incidence of CCC seemed a little higher (at least compared with that in China), and data in the latest epidemiological investigation should be recommended. 2. In Line 3, Page 7, the author stated that “18-70% of patients have a resectable tumor at the time of diagnosis”, which is inconsistent with the depiction of the following surgical treatment, and relevant references should be added. 3. Molecularly targeted therapy and/or immunotherapy should be considered to be choices for patients with cholangiocarcinoma. but these treatments were not included in this study, please make a reasonable explanation. 4. In figure 2, the therapeutic work-flow for pCCC not recommend surgery according patient stage. In addition, the flow not mentioned other treatments, please make a reasonable explanation 5. To drain or not to drain is a quite problem, and we are also concerned on it. In our previous meta-analysis, we found that the type of biliary drainage (BD), i.e percutaneous or ERCP, would affect the prognosis of cholangiocarcinoma, although the conclusion deserved further validation. But we quite disagree with the statement in Line 13, Page 10, the authors should re-reviewed the article of Farges’s, and the association between BD and left- or right-hepatectomy should be furtherly studied. Minor: 1. spelling mirrors, such as “avoid” in L1, Page 12 should be “avoided”, “hemorrhage” in Table 2 be “hemorrhage”, and “disconfort” in Table 2 be “discomfort”. 2. In Page 8, full name of “FNA” should appear firstly in line 20 not in Line 20. 3. In Line 11, Page 18, “57% e 49%” should be “57%



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and 49%”