

## PEER-REVIEW REPORT

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

**Manuscript NO:** 57310

**Title:** Gallbladder wall thickening: Approach to diagnosis on imaging

**Reviewer's code:** 05268902

**Position:** Peer Reviewer

**Academic degree:** MD, PhD

**Professional title:** Associate Research Scientist, Surgeon

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

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

**Manuscript submission date:** 2020-06-08

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2020-06-09 13:15

**Reviewer performed review:** 2020-06-12 09:36

**Review time:** 2 Days and 20 Hours

<b>Scientific quality</b>	<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 Grade E: Do not publish
<b>Language quality</b>	<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
<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 checked="" 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

## SPECIFIC COMMENTS TO AUTHORS

good

## PEER-REVIEW REPORT

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

**Manuscript NO:** 57310

**Title:** Gallbladder wall thickening: Approach to diagnosis on imaging

**Reviewer's code:** 05122255

**Position:** Peer Reviewer

**Academic degree:** MD

**Professional title:** Reader (Associate Professor), Surgeon, Surgical Oncologist

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

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

**Manuscript submission date:** 2020-06-08

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2020-06-08 13:37

**Reviewer performed review:** 2020-06-16 14:35

**Review time:** 8 Days

<b>Scientific quality</b>	<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
<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 type="checkbox"/> Accept (General priority) <input checked="" type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
<b>Re-review</b>	<input checked="" 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

#### **SPECIFIC COMMENTS TO AUTHORS**

This interesting review article focused on diagnostic modality, characteristic finding of each diagnostic tool, and approach to diagnosis of GB wall thickening. I have several opinions. (1) I have no comment on title and abstract. Since this review emphasized on GB wall thickening, the definition of GB wall thickening is mandatory for background and introduction.. (2) In the section of "CAUSES OF GB WALL THICKENING", author should explore more reference instead just 2 relevant studies. In addition, I do not believe that the reference 3 is relevant. (3) For figure 2, author should indicate that which is "A", "B", "C", or "D". (4) Table 1 should be modified since the item column (the left) is confusing. (5) How about authors incorporate the role of intervention radiology in this review article? In general, this review article is informative. Authors specified each modality and then introduced how to distinguish several specific entities from gallbladder cancer. Since I am a hepatobiliary surgeon, I have to suggest that this article should also be well-reviewed by radiologist for the specific radiologic findings mentioned in this article.

## PEER-REVIEW REPORT

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

**Manuscript NO:** 57310

**Title:** Gallbladder wall thickening: Approach to diagnosis on imaging

**Reviewer's code:** 03258219

**Position:** Editorial Board

**Academic degree:** MD

**Professional title:** Associate Professor

**Reviewer's Country/Territory:** United States

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

**Manuscript submission date:** 2020-06-08

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2020-06-08 13:30

**Reviewer performed review:** 2020-06-20 01:45

**Review time:** 11 Days and 12 Hours

<b>Scientific quality</b>	<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
<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 type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input checked="" type="checkbox"/> Major revision <input type="checkbox"/> Rejection
<b>Re-review</b>	<input checked="" 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

## **SPECIFIC COMMENTS TO AUTHORS**

This minireview titled “Gallbladder wall thickening- approach to diagnosis on imaging” focuses on utility of imaging in differentiating between gallbladder cancer, Adenomyomatosis, Chronic cholecystitis and xanthogranulomatous cholecystitis (XGC). The manuscript is a well written, comprehensive review and provides appropriate discussion on utility of imaging features in GB pathologies. Few suggestions : - Consider revising the title to more general imaging based approach to GB pathologies, rather than GB wall thickening, since you have presented an excellent overview on imaging features in GB evaluation, such as “Imaging based algorithmic approach to gallbladder pathology”. - Consider adding a section on acute cholecystitis versus Chronic cholecystitis/XGC. - Under CT section: “The indirect signs predictive of malignancy include biliary obstruction, regional lymphadenopathy... “-Please note lymphadenopathy has been described to be associated with 63% of XGC and needs to be added to the statement as a limitation due to overlap feature (Rammohan A, Xanthogranulomatous cholecystitis masquerading as gallbladder cancer: can it be diagnosed preoperatively? Gastroenterol Res Pract 2014;253645 <http://dx.doi.org/10.1155/2014/253645>.) - Under GB versus XGC: Note, while some specific imaging features have been described in literature there has reported variability and challenges in utility of these findings in routine clinical practice. Please revise and elaborate on sensitivity, specificity and diagnostic accuracy of MDCT in differentiating GBC from other GB pathologies. Study have has shown CT has moderate sensitivity, poor specificity, and moderate-to-substantial inter-rater repeatability for the differentiation of gallbladder cancer from acute and xanthogranulomatous cholecystitis (Wasnik AP et al Clinical Imaging 2018;50, 223–228.). Study have also shown no significant differences in CT findings XGC and gallbladder cancer on CT and have recommended careful intraoperative gross observation and frozen section should be used for accurate

diagnosis and avoid unnecessary extended resections, a finding that emphasizes utility of intra-op frozen section in cases with suspicious imaging features for GBC (Suzuki H, et al. Xanthogranulomatous cholecystitis: difficulty in differentiating from gallbladder cancer. World J Gastroenterol 2015;21:10166-73.) - Suggest replacing CEUS example with any better reference image if possible - Fig 4A- Add short arrow to the figure legend

## RE-REVIEW REPORT OF REVISED MANUSCRIPT

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

**Manuscript NO:** 57310

**Title:** Imaging-based Algorithmic Approach to Gallbladder Wall Thickening

**Reviewer's code:** 05268902

**Position:** Peer Reviewer

**Academic degree:** MD, PhD

**Professional title:** Associate Research Scientist, Surgeon

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

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

**Manuscript submission date:** 2020-06-08

**Reviewer chosen by:** Jia-Ping Yan

**Reviewer accepted review:** 2020-08-13 12:45

**Reviewer performed review:** 2020-08-15 04:39

**Review time:** 1 Day and 15 Hours

<b>Scientific quality</b>	<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
<b>Language quality</b>	<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
<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>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

## SPECIFIC COMMENTS TO AUTHORS

well



## RE-REVIEW REPORT OF REVISED MANUSCRIPT

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

**Manuscript NO:** 57310

**Title:** Imaging-based Algorithmic Approach to Gallbladder Wall Thickening

**Reviewer's code:** 05122255

**Position:** Peer Reviewer

**Academic degree:** MD

**Professional title:** Reader (Associate Professor), Surgeon, Surgical Oncologist

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

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

**Manuscript submission date:** 2020-06-08

**Reviewer chosen by:** Jia-Ping Yan

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**Reviewer performed review:** 2020-09-11 11:00

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<b>Scientific quality</b>	<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
<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>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

## SPECIFIC COMMENTS TO AUTHORS

I have check this manuscript NO: 57310. Since what I had mentioned in previous round

of review has been revised in the revised manuscript appropriately, my opinion is "accept".