

# PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

Manuscript NO: 73197

Title: Incidental gallbladder cancer diagnosis confers survival advantage irrespective of

tumour stage and characteristics

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 00722239

**Position:** Editorial Board

Academic degree: MD, PhD

Professional title: Associate Professor

Reviewer's Country/Territory: Japan

Author's Country/Territory: United Kingdom

Manuscript submission date: 2021-11-13

Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-12-05 11:19

Reviewer performed review: 2021-12-12 15:50

Review time: 7 Days and 4 Hours

Scientific quality	[ ] Grade A: Excellent [ ] Grade B: Very good [Y] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish
Language quality	<ul> <li>[ ] Grade A: Priority publishing [Y] Grade B: Minor language polishing</li> <li>[ ] Grade C: A great deal of language polishing [ ] Grade D: Rejection</li> </ul>
Conclusion	<ul> <li>[ ] Accept (High priority) [Y] Accept (General priority)</li> <li>[ ] Minor revision [ ] Major revision [ ] Rejection</li> </ul>
Re-review	[ ]Yes [Y]No



Peer-reviewer	Peer-Review: [Y] Anonymous [] Onymous
statements	Conflicts-of-Interest: [ ] Yes [Y] No

### SPECIFIC COMMENTS TO AUTHORS

The authors statistically compared the surgical outcomes between incidental gallbladder cancer (IGBC) and non-incidental gallbladder cancer (NIGBC). In their results, IGBC series showed significantly better OS, and IGBC status was independent predictor of better OS in multivariate analysis. Although design, procedure, and statistical analyses are appropriate, the most limitations of this study are small sample size and its retrospective nature. Therefore, the clinical impact of this paper is not so strong and the issue of IGBC and surgical outcomes still remains controversial. The paper is relatively well-written. It is the matter of the editor's decision that whether clinical and academic impact of this paper is enough for publication in WJG.



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Peer-review model: Single blind

Reviewer's code: 01560504

**Position:** Editor-in-Chief

Academic degree: DNB, FACS, FRCS, MBBS, MD, MNAMS

Professional title: Full Professor, Professor, Surgical Oncologist

Reviewer's Country/Territory: India

Author's Country/Territory: United Kingdom

Manuscript submission date: 2021-11-13

Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-12-13 15:47

Reviewer performed review: 2021-12-14 02:09

Review time: 10 Hours

Scientific quality	[ ] Grade A: Excellent [Y] Grade B: Very good [ ] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish
Language quality	<ul> <li>[ ] Grade A: Priority publishing [Y] Grade B: Minor language polishing</li> <li>[ ] Grade C: A great deal of language polishing [ ] Grade D: Rejection</li> </ul>
Conclusion	<ul> <li>[ ] Accept (High priority) [ ] Accept (General priority)</li> <li>[ ] Minor revision [ Y] Major revision [ ] Rejection</li> </ul>
Re-review	[Y]Yes []No



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### SPECIFIC COMMENTS TO AUTHORS

This is a well written manuscript. My observations are as follows: 1. What was the work-up protocol for the patients who presented with IGBC. Did thet undergo PET-CT or CECT for reassessment? 2. Please comment upon the median time from first surgery to completion surgery in patients with IGBC. 3. How many of the patients with IGBC had positive cystic duct margin after first surgery? 4. Please comment upon the extent of regional lymphadenopathy. 5. As per table 3, please define minor/major resection. 6. Why almost one fourth of the patients did not receive adjuvant chemotherapy? Please comment.



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Reviewer's code: 05846802

Position: Peer Reviewer

Academic degree: MD

Professional title: Doctor

Reviewer's Country/Territory: Japan

Author's Country/Territory: United Kingdom

Manuscript submission date: 2021-11-13

Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-12-13 07:14

Reviewer performed review: 2021-12-14 12:40

Review time: 1 Day and 5 Hours

Scientific quality	[ ] Grade A: Excellent [ ] Grade B: Very good [Y] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish
Language quality	<ul> <li>[ ] Grade A: Priority publishing [ ] Grade B: Minor language polishing</li> <li>[ ] Grade C: A great deal of language polishing [ Y] Grade D: Rejection</li> </ul>
Conclusion	<ul> <li>[ ] Accept (High priority) [ ] Accept (General priority)</li> <li>[ ] Minor revision [ ] Major revision [ Y] Rejection</li> </ul>
Re-review	[Y]Yes []No



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Peer-reviewer	Peer-Review: [Y] Anonymous [] Onymous
statements	Conflicts-of-Interest: [ ] Yes [Y] No

### SPECIFIC COMMENTS TO AUTHORS

The authors investigated the difference between incidental gallbladder cancer (IGBC) and non-incidental diagnosis (NIGBC) for overall survival (OS) and disease-free survival (DFS). This manuscript is interesting study, however, there is not enough information and analysis to publish it. Comments are as follows: Major comments; 1. There has been a lot of published studies about this theme, so novelty of this study seems to be nothing. After of all, only analyses of prognostic factor for OS and DFS were performed, however, the mechanisms and reasons for this have not been analyzed and are poorly discussed. 2. The factors in the Cox proportional hazard analysis for OS and DFS seems to be small. If patient background and oncological factors are included, surgical factors including complication must be included for a valid analysis at least. As mentioned in the discussion, the authors should analysis the bile leak during the operation in hazard analysis. 3. In the Result 4, Risk analysis, the authors mentioned as follows: In the resulting model as well, only N stage and margin status were identified as independent prognostic factors for OS and DFS, while T stage was not. I am sorry for not understanding this analysis. Please explain and show the Table. 4. In the discussion, adjuvant chemotherapy including BILCAP was mentioned, however, those did not seem to correlated to the author's manuscript. Please delete. 5. T factor has no effect on prognostic factors (in multivariate analysis), however, what if the analysis is divided into factors below T2 and above T3? Usually, the difference in prognosis between IGBC and NIGBC would correlate with the degree of tumor progression, because there is no difference in tumor factors except for tumor progression at the time of surgery. Therefore, there can be no difference in genetic mutations, as the authors pointed out.



Even if there is, it is not a difference between IGBC and NIGBC. Minor comments; 1. In Abstract, Aim, please change the sentence "to" to "To". 2. In Abstract, Methods, "subgroupds" is a typo. 3. Only in Table 3, the positions of NIGBC and IGBC are swapped, which confuses the reader.



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**Peer-review model:** Single blind

Reviewer's code: 03262105

**Position:** Peer Reviewer

Academic degree: FRACP, MD

**Professional title:** Professor

Reviewer's Country/Territory: Turkey

Author's Country/Territory: United Kingdom

Manuscript submission date: 2021-11-13

Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-12-16 06:58

Reviewer performed review: 2021-12-16 07:17

Review time: 1 Hour

Scientific quality	[ ] Grade A: Excellent [Y] Grade B: Very good [ ] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish
Language quality	<ul> <li>[ ] Grade A: Priority publishing [Y] Grade B: Minor language polishing</li> <li>[ ] Grade C: A great deal of language polishing [ ] Grade D: Rejection</li> </ul>
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### SPECIFIC COMMENTS TO AUTHORS

Well documented retrospective study.