



## PEER-REVIEW REPORT

**Name of journal:** *World Journal of Gastrointestinal Endoscopy*

**Manuscript NO:** 74757

**Title:** Screening for Hilar Biliary Invasion in Ampullary Cancer Patients

**Provenance and peer review:** Unsolicited Manuscript; Externally peer reviewed

**Peer-review model:** Single blind

**Reviewer's code:** 05282786

**Position:** Editorial Board

**Academic degree:** MD, PhD

**Professional title:** Associate Professor, Consultant Physician-Scientist

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

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

**Manuscript submission date:** 2022-01-05

**Reviewer chosen by:** Dong-Mei Wang

**Reviewer accepted review:** 2022-05-13 16:13

**Reviewer performed review:** 2022-05-13 16:51

**Review time:** 1 Hour

<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 Grade E: Do not publish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>Re-review</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Peer-reviewer</b>	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous



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Conflicts-of-Interest: [ ] Yes [Y] No

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

Nice retrospective study even if the number of patients was not very high. Nice medical work.



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**Reviewer's code:** 04015916

**Position:** Editorial Board

**Academic degree:** MD, PhD

**Professional title:** Professor

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

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

**Manuscript submission date:** 2022-01-05

**Reviewer chosen by:** Dong-Mei Wang

**Reviewer accepted review:** 2022-05-17 13:05

**Reviewer performed review:** 2022-05-25 06:57

**Review time:** 7 Days and 17 Hours

<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 type="checkbox"/> Grade B: Minor language polishing <input checked="" type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
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Conflicts-of-Interest: [ ] Yes [ **Y** ] No

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

The standard surgical treatment for diagnosed ampullary carcinoma is pancreaticoduodenectomy. Intraoperative examination of bile duct margins should be routinely performed to ensure negative margins. This study has certain clinical guiding significance for identifying the occurrence of cholangiocarcinoma at the same time for the earlier local lesions that can be treated by endoscopy. However, due to the complications of pancreatitis, it cannot be used as a routine clinical diagnosis.



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**Reviewer's code:** 05226054

**Position:** Editorial Board

**Academic degree:** MD

**Professional title:** Assistant Professor

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

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

**Manuscript submission date:** 2022-01-05

**Reviewer chosen by:** Dong-Mei Wang

**Reviewer accepted review:** 2022-05-18 00:14

**Reviewer performed review:** 2022-05-30 22:32

**Review time:** 12 Days and 22 Hours

<b>Scientific quality</b>	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input checked="" 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 type="checkbox"/> Grade B: Minor language polishing <input checked="" 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 type="checkbox"/> Major revision <input checked="" type="checkbox"/> Rejection
<b>Re-review</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>Peer-reviewer</b>	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous



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

Although false-positive results were obtained with each method, the combination of partial thickening of the bile duct on IDUS and biliary biopsy was useful for diagnosing hilar biliary invasion of ampullary cancer. In addition, it is recommended that hilar biliary biopsy be performed through a catheter to avoid contamination from cancer. However, hilar invasion of ampullary cancer is rare, and hilar investigation might be unnecessary for ampullary cancer patients. Comments: I am not sure how much this is needed in patients with ampullary cancer. Invasion to hilum will be advanced ampullary cancer and might be presenting with other signs and symptoms. Further, large studies are needed to see the timing and modality if needed for diagnosis of hilar invasion of ampullary cancer