

PEER-REVIEW REPORT

Name of journal: *World Journal of Gastrointestinal Oncology*

Manuscript NO: 87466

Title: Role of routine lymph node dissection alongside resection of intrahepatic cholangiocarcinoma: Systematic review and meta-analysis

Provenance and peer review: Invited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 05723533

Position: Peer Reviewer

Academic degree: MD, PhD

Professional title: Associate Professor, Doctor, Surgeon, Surgical Oncologist

Reviewer's Country/Territory: China

Author's Country/Territory: United Kingdom

Manuscript submission date: 2023-08-10

Reviewer chosen by: AI Technique

Reviewer accepted review: 2023-08-17 10:34

Reviewer performed review: 2023-08-21 02:51

Review time: 3 Days and 16 Hours

Scientific quality	<input checked="" type="radio"/> Grade A: Excellent <input type="radio"/> Grade B: Very good <input type="radio"/> Grade C: Good <input type="radio"/> Grade D: Fair <input type="radio"/> Grade E: Do not publish
Novelty of this manuscript	<input type="radio"/> Grade A: Excellent <input checked="" type="radio"/> Grade B: Good <input type="radio"/> Grade C: Fair <input type="radio"/> Grade D: No novelty
Creativity or innovation of this manuscript	<input checked="" type="radio"/> Grade A: Excellent <input type="radio"/> Grade B: Good <input type="radio"/> Grade C: Fair <input type="radio"/> Grade D: No creativity or innovation

Scientific significance of the conclusion in this manuscript	<input checked="" type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No scientific significance
Language quality	<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
Conclusion	<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
Re-review	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Peer-reviewer statements	Peer-Review: <input type="checkbox"/> Anonymous <input checked="" type="checkbox"/> Onymous
	Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS

The topic (routine lymph node dissection alongside resection of intrahepatic cholangiocarcinoma) is interesting. The manuscript is well-organized and well-written. It can be accepted with minor revisions.

- The guidelines and expert consensus should be told. The International Liver Cancer Association (ILCA) strongly recommends LND for patients with iCCA, given the strong prognostic value of LN metastasis. The National Comprehensive Cancer Network (NCCN) clinical practice guidelines on hepatobiliary cancers (version 1.2023) recommend routine LND for accurate staging, but acknowledge that data in support of its therapeutic benefit are lacking. The American Hepato-Pancreato-Biliary Association (AHPBA) consensus meeting noted that routine LND is still controversial, especially in the West. The Liver Cancer Study Group of Japan recommends regional lymph node dissection of different lymph node basins depending on whether the iCCA tumor is located on the right or left side of the liver.
- Some closed papers should be cited (doi: 10.1007/s11605-023-05696-8; 10.1007/s00268-022-06857-7; 10.3389/fonc.2022.957792).

PEER-REVIEW REPORT

Name of journal: *World Journal of Gastrointestinal Oncology*

Manuscript NO: 87466

Title: Role of routine lymph node dissection alongside resection of intrahepatic cholangiocarcinoma: Systematic review and meta-analysis

Provenance and peer review: Invited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 05106340

Position: Editorial Board

Academic degree: MD, PhD

Professional title: Professor

Reviewer's Country/Territory: China

Author's Country/Territory: United Kingdom

Manuscript submission date: 2023-08-10

Reviewer chosen by: AI Technique

Reviewer accepted review: 2023-08-20 13:48

Reviewer performed review: 2023-08-29 16:09

Review time: 9 Days and 2 Hours

Scientific quality	<input checked="" type="radio"/> Grade A: Excellent <input type="radio"/> Grade B: Very good <input type="radio"/> Grade C: Good <input type="radio"/> Grade D: Fair <input type="radio"/> Grade E: Do not publish
Novelty of this manuscript	<input type="radio"/> Grade A: Excellent <input checked="" type="radio"/> Grade B: Good <input type="radio"/> Grade C: Fair <input type="radio"/> Grade D: No novelty
Creativity or innovation of this manuscript	<input type="radio"/> Grade A: Excellent <input checked="" type="radio"/> Grade B: Good <input type="radio"/> Grade C: Fair <input type="radio"/> Grade D: No creativity or innovation

Scientific significance of the conclusion in this manuscript	<input checked="" type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No scientific significance
Language quality	<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
Conclusion	<input checked="" type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
Re-review	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Peer-reviewer statements	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

The subject matter in question has recently gained considerable attention, and the composition of the text displays a commendable level of precision. Among patients with resectable ICC, the issue of whether to routinely conducted lymph node dissection (LND) in the context of hepatic resection remains a subject of dispute, despite some national guidelines advocating for its incorporation. In the present study, the authors have conducted a systematic review and meta-analysis to evaluate the effects of LND on both overall survival (OS) and disease-free survival (DFS). The outcomes of this analysis reveal that the routine LND does not yield enhancements in OS and DFS. This work is of great clinical significance. However, there were several pitfalls in this study. 1. In the baseline table, it is advisable for the authors to inclusively present the median number of dissected lymph nodes, along with the incidence rate of lymph node positivity. 2. Numerous contemporary studies advocate for a recommended threshold of lymph node dissections \geq six. Thus, it becomes imperative to conduct a subgroup analysis pertaining to the number of LND. 3. The preoperative assessment of lymph node metastasis (LNM) plays a pivotal role in guiding the decision to undertake lymph node dissection. It is

anticipated that the authors would undertake subgroup analyses stratified by the presence or absence of LNM, if feasible. 4. Safety stands as a pivotal factor in the deliberation over the implementation of LND. Consequently, the results should include safety indicators, comprising operative mortality, rates of postoperative complications, as well as incidences of intraoperative hemorrhage loss and blood transfusions.