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ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 3905

Title: Late Biliary Complications in Human Alveolar Echinococcosis are associated with high mortality

Reviewer code: 00068472

Science editor: Song, Xiu-Xia

Date sent for review: 2013-06-02 12:27

Date reviewed: 2013-06-23 02:03

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A (Excellent)	<input type="checkbox"/> Grade A: Priority Publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B (Very good)	<input checked="" type="checkbox"/> Grade B: minor language polishing	<input type="checkbox"/> Existed	<input type="checkbox"/> High priority for publication
<input checked="" type="checkbox"/> Grade C (Good)	<input type="checkbox"/> Grade C: a great deal of language polishing	<input type="checkbox"/> No records	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D (Fair)		BPG Search:	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)	<input type="checkbox"/> Grade D: rejected	<input type="checkbox"/> Existed	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

COMMENTS TO AUTHORS

General The authors address the important area of late biliary complications of alveolar Echinococcosis (AE). They evaluated the late biliary complications in non-resectable AE under long-term chemotherapy with benzimidazoles. The authors concluded that late biliary complications are common and are associated with poor prognosis and high mortality rate. In my view the English needs some corrections. Overall, the presentation of the topic is confused Major Compulsory Revision: 1. General 1.1. Overall, the presentation of the topic is confused. 1.2. The English needs corrections. 2. Abstract 2.1. The Abstract is incomplete: the selection criteria, statistical methods are poorly defined. 2.2. The conclusions drawn appear to be not sufficiently supported. 2.3. As stated in the Cover letter, the authors should clearly state that instead a prospective cohort study, this is a retrospective analysis. 3. Methods 3.1. The authors must explain in more detail the selection (inclusion/exclusion) criteria of patients. 3.2. The potential confounding variables were not taken sufficiently into consideration. 3.3. Is there any difference in outcome in association with the type of benzimidazole treatment? 4. Results: 4.1. Overall, the presentation of results is confused. 4.2. They should discuss separately the liver-biliary related and non-related mortality. 4.3. The most common biliary complications during long-term chemotherapy were the following: late-onset cholangitis, sclerosing-cholangitis-like lesions, hepaticolithiasis, affection of the common bile duct, secondary biliary cirrhosis. Liver biopsy has been done in all complications? What does it mean exactly: "sclerosing-cholangitis-like lesions" or "affection of the common bile duct"? 5. Discussion 5.1. The conclusions drawn appear to be not sufficiently supported, therefore are a little speculative. 5.2. They should discuss in more detail several



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limitations of their study. 5.3. The potential predictive and prognostic factors for late biliary complications should be added and discussed.



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ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 3905

Title: Late Biliary Complications in Human Alveolar Echinococcosis are associated with high mortality

Reviewer code: 00001390

Science editor: Song, Xiu-Xia

Date sent for review: 2013-06-02 12:27

Date reviewed: 2013-06-28 08:50

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A (Excellent)	<input type="checkbox"/> Grade A: Priority Publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B (Very good)	<input type="checkbox"/> Grade B: minor language polishing	<input type="checkbox"/> Existed	<input type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C (Good)	<input type="checkbox"/> Grade C: a great deal of language polishing	<input type="checkbox"/> No records	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D (Fair)	<input type="checkbox"/> Grade D: rejected	BPG Search:	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)		<input type="checkbox"/> Existed	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

COMMENTS TO AUTHORS

The present study evaluated the role of late biliary complications in non-resectable alveolar echinococcosis (AE) under long-term chemotherapy with benzimidazoles, and showed that the occurrence of late biliary complications indicates a poor prognostic outcome. This study will provide useful information with intensive study for rare disease. I understand this study will be provisionally valuable one, however, I have some questions especially in statistical analysis. Comment 1. When statistical analysis was done based on non-parametric method, results of numerical data are indicated as median (quartile), not as mean \pm SD shown in this manuscript. 2. Because follow-up periods of patients with late biliary complications was twice longer than that of control without late biliary complications with significance, the occurrence of late biliary complication may be influenced by follow-up periods? If patients with control group are followed-up more longer periods, late biliary complication possibly occur? 3. What is the independent risk factor for the occurrence of late biliary complication? To clarify this, multivariate statistics is needed? 4. I think that deaths during follow-up until 2006 or survival should not be analyzed by the Mann-Whitney in table 1, but should be analyzed by Log-rank test in figure 2. Figure 2 showed that there were no significant difference between biliary complication group and control, that seems to be a final result of this study. I consider it is inappropriate to compare survival after diagnosis of the late biliary complication with overall survival in the control group or complication group, that was shown in figure 2, because time course of these groups were essentially different. In conclusion, the present study showed that there were no significant differences in survival between biliary complication group and control.