

ESPS Peer-review Report**Name of Journal:** World Journal of Gastroenterology**ESPS Manuscript NO:** 10204**Title:** A single center experience of intrahepatic biliary cystadenoma and cystadenocarcinoma in ten years.**Reviewer code:** 00070936**Science editor:** Su-Xin Gou**Date sent for review:** 2014-03-19 12:20**Date reviewed:** 2014-03-31 16:23

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"/> Rejection
<input type="checkbox"/> Grade E (Poor)	<input type="checkbox"/> Grade D: rejected	<input type="checkbox"/> Existed	<input checked="" type="checkbox"/> Minor revision
		<input type="checkbox"/> No records	<input type="checkbox"/> Major revision

COMMENTS TO AUTHORS

ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 10204

Title: A single center experience of intrahepatic biliary cystadenoma and cystadenocarcinoma in ten years.

Reviewer code: 02861055

Science editor: Su-Xin Gou

Date sent for review: 2014-03-19 12:20

Date reviewed: 2014-04-08 22:21

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 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 checked="" type="checkbox"/> Grade D (Fair)	<input type="checkbox"/> Grade D: rejected	<input type="checkbox"/> Existed	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)		<input type="checkbox"/> No records	<input checked="" type="checkbox"/> Major revision

COMMENTS TO AUTHORS

Zhang et al. submitted the manuscript entitled "Preoperative differential diagnosis between intrahepatic cystadenoma and cystadenocarcinoma: a single-center experience of 46 cases" for peer review. The paper describes the clinicopathological characteristics of cytadenoma and cystadenocarcinoma, with a particular focus on the preoperative differential diagnosis of the two rare diseases. The paper is of interest and may represent a valuable contribution to a topic that is scarcely explored in literature. However, some aspects need to be further addressed. Major remarks: - While describing the levels of serum tumour markers and liver tests, the authors mention average values that are not the same as the ones reported in Table 2. In particular, it is not clear if in the text the authors refer only to patients with values above the normal range, and if the statistical analysis was performed only in those patients. Considering that the purpose of the study is to distinguish between cystadenoma and cystadenocarcinoma, comparing only the patients with abnormal values seems inappropriate. Alternatively, the authors could study with the appropriate statistical test if the proportion of patients with elevated serum tumour markers or liver tests is different between cystadenoma and cystadenocarcinoma. - Since the purpose of the study as specified in the title is to discriminate between cystadenoma and cystadenocarcinoma before the surgical treatment, the authors should clearly state in the "Conclusion" which is the use of serum tumour markers and serum liver tests in the differential diagnosis. The sentence "It is necessary to pay close attention to preoperative levels of CA125, CA19-9, TBIL and DBIL" is too vague. - In the section "Methods", there is no mention of the statistical tests used in the paper. This information is essential and has to be

included. - The paragraph "Radiological diagnosis" describes the methods rather than the results. The radiological distinction between cystadenoma and cystadenocarcinoma is notoriously difficult. However, the author should give a more detailed description of the radiological characteristics of the two tumours, also in relation to possible alternative diagnosis of intrahepatic cystic masses. - In the "Discussion", the authors suggest that clinical symptoms of the cystadenocarcinoma, being "more complex", can help the diagnosis. This assumption is too vague. The authors should specify the nature of the symptoms suggestive for a malignant disease or modulate their claims. Minor remarks: - In the abstract, both preoperative and postoperative levels of serum liver tests are mentioned. However, in the "Results" the authors mention only the postoperative values. The abstract should be changed or the preoperative levels of serum liver tests added to the "Results". - In Table 2, asterisks are placed close to CEA, CA125 and CA19.9. A legend should be added. - If follow-up information is available, the authors could include it in the evaluation. - In the "Discussion", the investigators report to have found one difference compared to previous studies. The authors should clearly identify this difference or modulate their claim. - In the last paragraph of the "Discussion", the authors report "Diagnosis can be confirmed pathologically. But it is different from previous report described by Fairchild R". This sentence is not clear and should be reformulated.

ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 10204

Title: A single center experience of intrahepatic biliary cystadenoma and cystadenocarcinoma in ten years.

Reviewer code: 02545516

Science editor: Su-Xin Gou

Date sent for review: 2014-03-19 12:20

Date reviewed: 2014-04-23 17:18

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)	<input type="checkbox"/> Grade D: rejected	<input type="checkbox"/> Existed	<input checked="" type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)		<input type="checkbox"/> No records	<input type="checkbox"/> Major revision

COMMENTS TO AUTHORS

In their work "Preoperative differential diagnosis between intrahepatic biliary cystadenoma and cystadenocarcinoma: A single-Center experience of 46 cases." Zhang et al. analyze their clinical data in a fairly large surgical cohort of patients with cystadenoma and cystadenocarcinoma. Although there are limited conclusions to be drawn from their study, publication appears warranted nonetheless given the utter paucity of relevant literature in this area. The main statement of the manuscript is the potential discrimination between these entities by tumor marker and bilirubin levels (though with overlap). There are, however, some problems to address: 1. In the first sentence of the Result section: "...included 21 patients (19 females and 6 males)..." ??? The same applies to the clinical symptoms of the cystadenoma group (totals 23 instead of 25) - please clarify. 2. Radiological diagnosis "CT, MRI and US were not particularly effective modalities for diagnosing these rare lesions." The Authors should state their approach to cystic liver lesions and the resulting indication for surgery.