

PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

Manuscript NO: 37585

Title: The prognostic value of lymph nodes count on survival of patients with distal cholangiocarcinomas

Reviewer's code: 03253499

Reviewer's country: Italy

Science editor: Xue-Jiao Wang

Date sent for review: 2017-12-26

Date reviewed: 2017-12-30

Review time: 4 Days

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
<input checked="" type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<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"/> Duplicate publication	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		BPG Search:	<input type="checkbox"/> Major revision
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

COMMENTS TO AUTHORS

The aim of this retrospective study on 449 patients with distal cholangiocarcinoma was to investigate the prognostic impact of lymph nodes (LNs) metastasis and to determine the optimal retrieved LNs cut-off number. To do this the authors have divided patients with a different number of retrieved LNs into three groups. In the results, this study denoted that retrieving more than 9 LNs did not indicate a better prognosis in patients with node-negative distal cholangiocarcinoma. An increase in terms of all-cause mortality risk and cancer cause-specific mortality risk was observed compared with retrieving 4 to 9 LNs. Patients with distal cholangiocarcinoma, retrieving too many LNs did not obtain better outcomes. This paper is well conducted and focused on an interesting topic because it is clear that lymph node status is a strong predictor for the prognosis of patients with distal cholangiocarcinoma, but the number of LNs should be

retrieved is still under debate. The result of this study was contrary to the previous data that a better prognosis was always associated with higher retrieved LN counts. For this reason this paper could stimulate further area of research on this topic.

PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

Manuscript NO: 37585

Title: The prognostic value of lymph nodes count on survival of patients with distal cholangiocarcinomas

Reviewer's code: 00182423

Reviewer's country: South Korea

Science editor: Xue-Jiao Wang

Date sent for review: 2017-12-26

Date reviewed: 2018-01-07

Review time: 11 Days

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> [Y] Accept
<input type="checkbox"/> Grade B: Very good	<input type="checkbox"/> [Y] Grade B: Minor language polishing	<input type="checkbox"/> The same title	<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"/> Duplicate publication	<input type="checkbox"/> [] Rejection
<input type="checkbox"/> [Y] Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input type="checkbox"/> Plagiarism	<input type="checkbox"/> [] Minor revision
<input type="checkbox"/> Grade E: Poor		<input type="checkbox"/> [Y] No	<input type="checkbox"/> [] Major revision
		BPG Search:	
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input type="checkbox"/> [Y] No	

COMMENTS TO AUTHORS

1. It was not easy to understand this manuscript because of complex statistical formulas.
2. The authors insisted that retrieved LN counts more than 9 led to a worse prognosis than retrieved LN counts 4-9 in patients with N0 distal bile duct cancer. It was verified by using complex statistical formulas. However, even the authors could hardly explain why. I hope the authors be able to clearly explain why before this manuscript is published.
3. More specifically in Table 2, OS and CSS were the best when the number of retrieved nodes was 7 in N0 patient group. However, in the case of 5 retrieved LN (belong to the best tier according to the 3 tier system in this manuscript), OS and CSS were quite low, 30% and 37.5%, respectively. These figures were worse than the cases of retrieved LN number 1, 3, 11, 13, 21 and 25. And the distribution of OS and CSS in the case of 11 ~ 25 did not show a constant trend. Although the results showed a statistical

significance, it should be judged more carefully. It is possible confounding factors were behind the scene.

PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

Manuscript NO: 37585

Title: The prognostic value of lymph nodes count on survival of patients with distal cholangiocarcinomas

Reviewer's code: 02441405

Reviewer's country: United States

Science editor: Xue-Jiao Wang

Date sent for review: 2017-12-23

Date reviewed: 2018-01-09

Review time: 16 Days

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input checked="" type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
<input checked="" type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input checked="" 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"/> Duplicate publication	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		BPG Search:	<input type="checkbox"/> Major revision
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

COMMENTS TO AUTHORS

This manuscript describes an interesting finding that a medium number (4-9) of lymph nodes dissected predict better overall and cancer specific survival of patients with node-negative distal cholangiocarcinoma than other groups. It may impact us on how extensive lymph node dissection should be. Several questions and comments. 1. The number of lymph nodes retrieved may depend upon the type of surgical procedures, i.e. open location resection, Whipple's procedure, and laparoscopy resection, and also rely on lymph node dissection skill in each individual institution (grossing by resident vs. practicing pathologists or pathologist assistant). The lymph nodes distant from the lesion (for example, nodes from Whipple's procedure) may not have the same predicting value as these from local or limited resection specimen. It will be helpful if authors can consider above parameters (i.e. types of procedure and setting of surgery such as tertiary



**Baishideng
Publishing
Group**

7901 Stoneridge Drive, Suite 501,
Pleasanton, CA 94588, USA
Telephone: +1-925-223-8242
Fax: +1-925-223-8243
E-mail: bpgoffice@wjgnet.com
https:// www.wjgnet.com

or community hospitals) into analysis. 2. In line 20 and 21, the statement "most patients underwent extensive surgery and chemotherapy" is ambiguous. Authors need to clarify whether "chemotherapy" is neoadjuvant therapy or post-operative therapy. In the context of the manuscript, patients included in the study should not undergo neoadjuvant therapy. 3. The manuscript provides information that the predictive value of the number of lymph nodes is independent from pathological T stage. Patients with node-negative carcinoma can be classified as clinical stage I, II, IIB, or IIB. Have authors compared the survival among the groups of patients with 4-9 lymph nodes and others based upon clinical stage? 4. Does the tumor grade or differentiation correlate with the number of lymph nodes dissected? Is there difference of tumor grade or differentiation between the groups of patients with 4-9 lymph nodes and other groups?