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### ESPS Peer-review Report

**Name of Journal:** World Journal of Gastroenterology

**Ms:** 2873

**Title:** Rational Lymph Nodes Dissection and Assessment Impact on Staging and Survival of Gallbladder Cancer

**Reviewer code:** 00058511

**Science editor:** s.x.gou@wjgnet.com

**Date sent for review:** 2013-03-21 12:01

**Date reviewed:** 2013-03-23 15:15

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

### COMMENTS

#### COMMENTS TO AUTHORS:

It is a well written and adequate documented study containing a lot of data and statistical considerations. The topic is interesting, the number of included patients enough and the outcome acceptable with satisfactory results.



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### ESPS Peer-review Report

**Name of Journal:** World Journal of Gastroenterology

**Ms:** 2873

**Title:** Rational Lymph Nodes Dissection and Assessment Impact on Staging and Survival of Gallbladder Cancer

**Reviewer code:** 02512137

**Science editor:** s.x.gou@wjgnet.com

**Date sent for review:** 2013-03-21 12:01

**Date reviewed:** 2013-03-27 04:00

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A (Excellent)	<input checked="" type="checkbox"/> Grade A: Priority Publishing	Google Search:	<input checked="" type="checkbox"/> Accept
<input checked="" 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	<input type="checkbox"/> Existed	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)		<input type="checkbox"/> No records	<input type="checkbox"/> Major revision

### COMMENTS

#### COMMENTS TO AUTHORS:

I read and review the manuscript entitled "Rational Lymph Nodes Dissection and Assessment Impact on Staging and Survival of Gallbladder Cancer" according to your instructions. I agree with authors that the lymph node is one of the most common sites of metastasis of Gallbladder cancer (GBC). The presence or absence of lymph node metastasis is an important prognostic factor in patients with curatively resected GBC. This paper is very attractive and useful and my opinion is to accept them without changes.



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## ESPS Peer-review Report

**Name of Journal:** World Journal of Gastroenterology

**Ms:** 2873

**Title:** Rational Lymph Nodes Dissection and Assessment Impact on Staging and Survival of Gallbladder Cancer

**Reviewer code:** 00505584

**Science editor:** s.x.gou@wjgnet.com

**Date sent for review:** 2013-03-21 12:01

**Date reviewed:** 2013-03-30 08:35

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

## COMMENTS

### COMMENTS TO AUTHORS:

Overall, a very interesting paper and the level of english is impressive. That said there are several grammatical problems, which I have attempted to address below. 1. As for content, it would be nice to see some mention of the Minimally Invasive approach for the treatment of gallbladder cancer. These articles may prove useful: Gumbs AA, Jarufe N, Gayet B. Minimally invasive approaches to extrapancreatic cholangiocarcinoma. Surg Endosc. 2013 Feb;27(2):406-14. Cai XJ, Yang J, Yu H, Liang X, Wang YF, Hu H, Huang DY, Zheng XY. [Laparoscopic radical resection for gallbladder carcinoma]. [Article in Chinese] Zhonghua Yi Xue Za Zhi. 2009 May 12;89(18):1278-80. 2. Perhaps Robotic Surgery also has some advanatages or disadvantages, see below and please comment. Shen BY, Zhan Q, Deng XX, Bo H, Liu Q, Peng CH, Li HW. Radical resection of gallbladder cancer: could it be robotic? Surg Endosc. 2012 Nov;26(11):3245-50. Specific issues: 3. Introduction: Line 12: should read "...Some investigators emphasized the total number of lymph nodes resected." Radical resection Procedures: Last line: should read, "...if there was gross liver involvement." 4. Pathological examination: Last Line: should read, "Then the involved lymph node count and metastatic to examined lymph nodes ratio (LNR) was calculated." 5. Patient follow-up after resection "Patients discharged to home were followed up regularly every 1-6 months." 6. RESULTS Pathologic features "Of the metastatic patients, 1 was a single metastasis on the visceral peritoneum and the other 3 were liver metastases." 7. Distribution of lymph nodes metastasis: The topographical distribution of the analyzed lymph nodes included 362 first-station nodes and 93 second-station



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nodes (Table 2). Please write your definition of first and second-station nodes and add a section for this in your Table. So people can easily see the distribution of 362 vs. 93. 8. Survival after regional lymphadenectomy: Should read: "Of the 5 patients with nodal positive disease who survived for more than 5 years, there are two patients WHO underwent a pancreaticoduodenal lymph node dissection with hepatopancreaticoduodenectomy for suspected N2 nodal disease." 9. Cutoff values for the TNLC, PNLC, and LNR: This is unclear, do you mean "Based on the previous literatures, we LEFT the cut-off value as 3 nodes for PLNC and 50% for LNR separately." 10. DISCUSSION This should read, "It had been confirmed that the main lymphatic pathway of the gallbladder (remove WAS) descends along the common bile duct and into the retroportal nodes, then to the posterosuperior of the head of the pancreas or around the hepatic artery, AND finally to the paraaortic nodes near the left renal vein[26-28]." 11. Should read: "Based on these detailed anatomical studies, it has been suggested that lymphatic metastasis from GBC spreads widely through THE hepatoduodenal ligament towards THE peripancreatic region and beyond." 12. Should read: "However, we observed that THE categorization of patients as having N2 disease did not adversely influence DSS as compared to those with N1 disease." 13. This is unclear, do you mean : "Furthermore, Murakami et al suggested that it is lymph node metastasis but not para-aortic lymph node metastasis THAT IS associated independently with longer survival by multivariate analysis[30]." 14. Should read: "Although a greater number of examined nodes might improve the survival of the disease, the result of our study suggests that retrieval and evaluation of at least four nodes IS perhaps optimal."



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## ESPS Peer-review Report

**Name of Journal:** World Journal of Gastroenterology

**Ms:** 2873

**Title:** Rational Lymph Nodes Dissection and Assessment Impact on Staging and Survival of Gallbladder Cancer

**Reviewer code:** 00068104

**Science editor:** s.x.gou@wjgnet.com

**Date sent for review:** 2013-03-21 12:01

**Date reviewed:** 2013-04-01 09:21

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

## COMMENTS

### COMMENTS TO AUTHORS:

Major points 1. According to the pathologic features of the results pTis was in 1 patient and pT1 in 7 patients in all 78 patients. However, 8 patients with pT stages (Tis or T1) were excluded so that totally 70 patients were retrospectively reviewed not 78 patients. The data must be re-analyzed and provided. 2. The M1 stage was in 4 patients (1 at the visceral peritoneum and 3 liver metastasis) and how could these patients be underwent radical resection. The local invasion of peritoneum and local liver invasion can not be classified as M1 stage. 3. The primary tumor was pT0-T2 in 20 patients, pT3 in 44 patients and pT4 in 14 patients presented in the results, and the classification of TNM staging was stage 0-II in 15 patients, stage III in 43 patients and stage IV in 20 patients shown in the results and Table 4. The data should be checked and re-evaluated. 4. There was no the data of survival in detail. How many patients survived were there in the end of the follow-up. May be totally 16 patients survived more than 5 years according to the calculation with the data provided in the results, 5. Please indicate the 'the involved lymph node count and metastatic to examined lymph nodes ratio' in detail and with correct expression in English. Was it the node positive to metastatic and was the difference of NLR to PLNC the ratio and the count? 6. This is not cohort study so that the so-called 'this study cohort' was not appropriated in both third part of the result and discussion. 7. The radical resection should be used for advanced gallbladder carcinoma and how it could be performed for 1 patient with TNM stage 0 and 6 patients with stage 1. Minor points 1. The title of the article suggests to be corrected. 2. There were 362 first-station nodes and 93 second-station nodes so that a



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total of 455 lymph nodes, not 465 lymph nodes were taken to evaluate. 3. Cholelithiasis is recognized as the main cause of gallbladder carcinoma, but there were only 25 (32.1%) patients with gallstone in this study, which is the data much rather rarely. 4. 'Other' in the radical resection of gallbladder carcinoma usually means pancreas. What was it in this study and should it be specified. 5. What are the other histological types except of adenocarcinoma of gallbladder carcinoma in this study? 6. The expression for none of independent variable in Cox regression analysis was not adequate in the last part of results. 7. Some description was not correct such as that 'adequate lymphadenectomy is indispensable for improving the prognosis after radical resection' because lymphadenectomy should be included in the radical resection. 8. The gallbladder liver fossa in the table 1 might be replaced as gallbladder fossae.