

ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 5274

Title: Preoperative biliary drainage in patients with hilar cholangiocarcinoma undergoing major hepatectomy

Reviewer code: 00058210

Science editor: Cui, Xue-Mei

Date sent for review: 2013-08-27 14:53

Date reviewed: 2013-09-20 21:12

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 TO AUTHORS

Manuscript_20130826201356 Preoperative biliary drainage in patients with hilar cholangiocarcinoma Undergoing major hepatectomy Jun- Jie Xiong, Quentin M. Nunes , Wei Huang, Samir Pathak , Ai-Lin Wei, Lu Chun- Tan, Xu- Bao Liu General comments: It is a clear well written article with a real rational on the still discussed place of biliary drainage in the treatment of hilar tumors. This is a retrospective study of a prospective database. The data presented are complete. The authors operated eight cases per year 3 main points 1 / It must be really precise, even if the study is retrospective, the selection criteria for drainage. If the populations are similar, what were the authors' choice criteria for drainage in the same jaundiced patients with bilirubin level greater than 170 before major resections. 2 / there must be a paragraph concerning the presence of a bias according to highly variable procedures in terms of biliary drainage which include surgical drainage , patients treated in other centers, patients with with failure of a primary drainage . 3/ the inclusion of 5 patients with arterial resection 'although harmoniously distributed in the two groups) is annoying since we know that they are very special patients. The article by Olivier Farges cited three times (reference 17) has not been adequately analyzed because it is not a series that showed no difference in patients drained or not drained . It is one of the first series that shows a difference in terms of morbidity and mortality in patients who have had a right liver resection and who were drained versus undrained whereas this difference didn't not appear for the left liver resections. The originality of these new data must be precised. It may therefore be specified in this series (although subgroup analysis but using adapted statistical methods to small sample) results of : - the 13 drained patients with right hepatic resection versus the 12 undrained patients who underwent right hepatic resection, - idem for the 14 drained

patients with left hepatic resection versus the 32 undrained patients who underwent left hepatic resection. Do we find the same results or not than the series of Farges et al? It is surprising that no patient who had complications of drainage has been cons - indicated for surgery. This is not a study in intention to treat but there is a real morbidity and mortality of biliary drainage as it has already been shown in a series of more simple drainage represented by drainage before PD. Surgical procedure paragraph must described the surgical procedure of the present article and not all the procedures performed in the authors' department for hilar cholangiocarcinoma resection because the presence of intrahepatic cholangiojejunostomy associated with minor resections is disturbing since they are only major liver resections in this article. The 15.3 days delay between drainage and surgery is short. Is this delay includes patients who have been previously drained out of the department? Patients have a mean bilirubin in the drainage group of 100 before surgery, therefore what is the purpose of drainage if it is not to normalize bilirubin? There are two patients who had Bismuth type I lesions, these patients had major resections? In Table II, it is precised bile leak and anastomotic leak. What is the difference? Above 170, bilirubin was a risk factor of morbidity, while biliary drainage does not. This is disturbing. What was the post operative course of the subgroup of patients who had a very high pre operative bilirubin level and who was brought to a bilirubin less than 170 due to drainage?

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Science editor: Cui, Xue-Mei

Date sent for review: 2013-08-27 14:53

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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
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COMMENTS TO AUTHORS

The authors have studied the effect of preoperative biliary drainage on perioperative and short-term postoperative outcomes in jaundiced patients undergoing major resection for hilar cholangiocarcinoma. Although improving liver functions, preoperative biliary drainage had no effect on perioperative outcomes and mortality or complication rates within the first three weeks after resection. This is a small (78 patients), single-center study addressing the debated usefulness of relieve of cholestasis prior to resection for hilar cholangiocarcinoma. The manuscript is well-written and structured. The description of several aspects of the study deserves attention. General Points Carefully check spelling and correct use of verb tenses. Major Points 1.) It is unclear how the authors arrived at the cut-off value of 170 $\mu\text{mol/L}$ for bilirubin in their analysis of risk factors for peri/post-operative complications. Was an ROC-plot of preoperative bilirubin and postoperative morbidity made? A preoperative bilirubin $>170 \mu\text{mol/L}$ was identified as an independent risk factor for postoperative complications. This is however not reflected in differences in postoperative complication rate in drained and non-drained patients, which have mean bilirubin levels well below and well above this cut-off, resp. Authors should perform a subgroup analysis to identify common and subgroup-specific risk factors. It should be explicated whether results of uni-/multivariate analysis are derived from the entire cohort, or from analysis of drained/non-drained subgroups. 2.) Authors studied short-term (up to 21 days) morbidity and mortality, while complications frequently develop after this period and, hence, a 90-day follow-up period that is common in surgical studies is more appropriate. Why do the authors deviate from this routine? 3.) Authors should grade (e.g. Clavien-Dindo) post-operative morbidity. Did some patients need ICU treatment? Minor Points [1.]

In the Introduction the controversy about PBD in HCCA is focused on “to drain or not to drain”, paying little attention to the type of drainage (e.g. internal/external, procedure), duration of drainage, and cut-off values for drainage and post-drainage surgery. This could be discussed in more detail. [2.] p5. What were the criteria to perform (or not perform) PBD in patients? The author’s recommendation of PBD with a preoperative bilirubin $>170\text{ }\mu\text{mol/L}$ (p.12) appears to have not been applied in the present patient cohort. [3.] p5. How do the authors define ‘curative resection’? [4.] p6&8. No definition of (in)adequate PBD is given. [5.] p7. Were all patients presenting with HCCA during the enrolment period, operated at the author’s center? (thus 78 patients in 10 years?) [6.] p7/Table 1. Authors should provide the number of days between blood sampling for serum biochemistry and drainage/surgery. [7.] p10. What were the search criteria for the “systematic review” presented in the Discussion. Is the listing in Table 4 exhaustive? The respective studies identified in the literature search, agree that PBD has no effect on postoperative mortality. This should be acknowledged. A meta analysis of the available data on postoperative morbidity (for a given type of PBD) would be welcome, but is beyond the scope of this study. [9.] Table 1. The mean time between admission and surgery of non-drained patients should be provided. [10.] Table 2. The % of non-drained patients with GI bleeding has been left out. [11.] Table 3 and 4 would greatly benefit from lines/shading to distinguish the various entries. [12.] Use of additional abbreviations for the surgical procedures/type of PBD could give Table 4 a more attractive, balanced lay-out. For easier comparison with the current study, studies included in Table 4 could be grouped as “curative resection” and “curative and palliative resection”. Follow-up period should be included in the studies mentioned in Table 4.

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Title: Preoperative biliary drainage in patients with hilar cholangiocarcinoma undergoing major hepatectomy

Reviewer code: 00028941

Science editor: Cui, Xue-Mei

Date sent for review: 2013-08-27 14:53

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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
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		<input type="checkbox"/> No records	

COMMENTS TO AUTHORS

Comments to the Author: The authors demonstrated that preoperative biliary drainage did not improve the results of surgery for hilar cholangiocarcinoma and identified risk factors for postoperative complications. The following comments may help to improve the manuscript. Major 1. There is a contradiction between the no usefulness of PBD and the risk factor TBIL>170μmol/L. If we perform PBD to the cases with TBIL>170μmol/L, we could reduce the postoperative complications? Do these result show that cases showing higher TBIL even after PBD have a great risk for postoperative complications? 2. The χ^2 test or Fisher's exact test is not appropriate to compare the differences of Bismuth–Corlette stage in Table1. Please use 2*4 table analysis. Minor 1. Please choose one term from PTBD and PTCD. 2. Please check which is more appropriate endoscopic biliary stenting (EBS) or endoscopic biliary drainage (EBD)? 3. misspelling? Farges et al. [17] opined that in DISCUSSION