

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 14391

Title: Cholecystectomy and the risk of alimentary tract cancers: A systematic review

Reviewer's code: 02948135

Reviewer's country: United Kingdom

Science editor: Ya-Juan Ma

Date sent for review: 2014-09-30 17:53

Date reviewed: 2014-10-01 17:22

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

COMMENTS TO AUTHORS

Dear authors, You are trying to assess the evidence of linkage between cholecystectomy and GI cancer. This proposed link can not be proved by studies other than randomised controlled trial. Therefore whatever evidence you present won't stand and won't be accepted from scientific point of view. 1. All studies you presented are suffering from heterogeneity, inconsistency and majority based on author assumption rather than robust scientific proof, 2. In this century, scientist can not accept that bile is carcinogenic, if that the case then we are going to develop GI cancer because our body is secreting bile! 3. Studies which are published in 1977 are out of date! and no impact on our current evidence is possible to be made. 4. If cholecystectomy is associated with GI cancer as a cause, then more aggressive procedure that involved resected hormone secreting organs like small bowel resection, clonic resection, gastrectomy should be associated with cancer!! 5. Your conclusions are suggestive of no association, but actually every scientist would know before start that there will be no association if you are trying to prove it with the type and quality of studies made on this issue. 6. The studies that support or suggest association are those which suffer most from flaws in methodology, poor selection, bias and heterogeneity. 7. As such your article [although you put huge



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8226 Regency Drive, Pleasanton, CA 94588, USA

Telephone: +1-925-223-8242

Fax: +1-925-223-8243

E-mail: bpgoffice@wjgnet.com

<http://www.wjgnet.com>

efforts to reference more than 90 papers] would add no thing to the current knoweledge. 8.If this article to be published ,it needs major revisions to address the following points: 1.scientif,robust studies that have sound methodology should be selcted. 2.Studies which are published more than 10 years have little impact and should be avoided. 3.The theories of association are posing concepts that contradict with basic scientific principles.These theories need no hard efforts to cancel them. 4.The study is very long and should be shortened to focus on 10-15 scientifically acceptable papers. 5.Even if you do above ,it will still scientifically not possible to prove or disprove association!



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8226 Regency Drive, Pleasanton, CA 94588, USA

Telephone: +1-925-223-8242

Fax: +1-925-223-8243

E-mail: bpgoffice@wjgnet.com

http://www.wjgnet.com

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 14391

Title: Cholecystectomy and the risk of alimentary tract cancers: A systematic review

Reviewer's code: 02822880

Reviewer's country: United States

Science editor: Ya-Juan Ma

Date sent for review: 2014-09-30 17:53

Date reviewed: 2014-10-21 16:47

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	PubMed Search:	<input type="checkbox"/> Accept
<input 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 checked="" 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"/> Plagiarism	<input checked="" type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		[Y] No	<input type="checkbox"/> Major revision
		BPG Search:	
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		[Y] No	

COMMENTS TO AUTHORS

The authors are to be congratulated for an extensive literature review. It is very difficult to answer the question the authors have posed in the absence of large multiple homogenous well done institutional studies with a long term follow up. As pooled analysis could not be performed due to inhomogeneity of studies this is a descriptive review from which it appears that cholecystectomy may not be causal in GIT cancer development however I dont think any conclusions can be drawn.

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 14391

Title: Cholecystectomy and the risk of alimentary tract cancers: A systematic review

Reviewer's code: 02527484

Reviewer's country: United States

Science editor: Ya-Juan Ma

Date sent for review: 2014-09-30 17:53

Date reviewed: 2014-10-23 13:45

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	PubMed Search:	<input type="checkbox"/> Accept
<input 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 checked="" type="checkbox"/> Grade C: Good		<input type="checkbox"/> Duplicate publication	
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Plagiarism	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade E: Poor	<input type="checkbox"/> Grade D: Rejected	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Minor revision
		BPG Search:	<input checked="" 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 authors performed a literature review in a manuscript entitled "Cholecystectomy and the Risk of Alimentary Tract Cancers, A Systematic Review." This is a comprehensive review of the world's literature highlighting the relationship between prior cholecystectomy and GI malignancies by site as well as proposed mechanism/pathogenesis. Given the dearth of literature on this topic, I commend the authors for tackling this topic. Identifying previously published longitudinal and observational studies, their review of pertinent studies on cholecystectomies and GI cancers is thorough and complete. I have several questions and concerns: 1) Please ask another colleague proofread the manuscript. There are gross syntax errors. Some paragraphs could be better phrased. Abbreviations are used sporadically throughout the manuscript. Be consistent. 2) The abstract should include a summary of relevant results of the literature review. Don't simply state "apparent association" of all GI sites. It should summarize pertinent findings in a succinct way. 3) For each GI site, can the authors provide additional concrete findings from studies reviewed? Besides noting the presence or absence of any association between prior cholecystectomy and each GI site, try to report (if available) median or mean intervals from cholecystectomy to diagnosis of malignancy. If



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8226 Regency Drive, Pleasanton, CA 94588, USA

Telephone: +1-925-223-8242

Fax: +1-925-223-8243

E-mail: bpgoffice@wjgnet.com

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available, report age, weight, sex, frequency of modifiable risk factors, etc.. Do not only report risk or odds ratios for cholecystectomy. Were there other important risk factors noted in these studies? If so, include in the result section. 4) Report age in the table or results section. This was a major point of the discussion, but the authors did not report age in the result resection. 5) Please include study period for each study. Increasing incidence of GI cancers could be temporal effect rather than cholecystectomy. I suspect improvements in imaging modalities and advancements in other diagnostic tools have resulted in the detection of more GI malignancies than in prior decades. 6) Good job summarizing proposed mechanisms. 7) I do not understand what the authors meant when they state that bile salts are "cancer promoters" but not "carcinogens/carcinogenic." 8) Rather than stating that there is "contradictory evidence" for the association between prior cholecystectomy and the development of GIT cancers, why not state there is no strong evidence supporting such association? Overall, what I gleaned from this paper is that there is no clear association but given the variability in quality of prior studies, further investigation is warranted.



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Telephone: +1-925-223-8242

Fax: +1-925-223-8243

E-mail: bpgoffice@wjgnet.com

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ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 14391

Title: Cholecystectomy and the risk of alimentary tract cancers: A systematic review

Reviewer's code: 02540514

Reviewer's country: Germany

Science editor: Ya-Juan Ma

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CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input checked="" type="checkbox"/> Grade A: Priority publishing	PubMed 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 type="checkbox"/> High priority for publication
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<input type="checkbox"/> Grade E: Poor		[Y] No	<input type="checkbox"/> Major revision
		BPG Search:	
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		[Y] No	

COMMENTS TO AUTHORS

The authors present a very comprehensive review about a very interesting though quite controversial topic. I agree in most estimations with the authors and this is one reason why I am irritated by the abstract of the manuscript. The authors should here make quite clear that there is NO clear association and of course no causal relation between cholecystectomy and GI tract cancers. Based on the studies the authors analyzed this seems the only possible conclusion to me. Please rephrase the related sentences in the results and conclusions sections of the abstract.