

PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Cases

Manuscript NO: 47594

Title: Update on bile duct cancer

Reviewer's code: 00052926

Reviewer's country: Greece

Science editor: Ze-Mao Gong

Reviewer accepted review: 2019-04-22 04:48

Reviewer performed review: 2019-05-01 16:22

Review time: 9 Days and 11 Hours

SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION	PEER-REVIEWER STATEMENTS
<input type="checkbox"/> Grade A: Excellent	<input checked="" type="checkbox"/> Grade A: Priority publishing	<input type="checkbox"/> Accept	Peer-Review:
<input checked="" type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language	(High priority)	<input checked="" type="checkbox"/> Anonymous
<input type="checkbox"/> Grade C: Good	polishing	<input type="checkbox"/> Accept	<input type="checkbox"/> Onymous
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of	(General priority)	Peer-reviewer's expertise on the
<input type="checkbox"/> Grade E: Do not	language polishing	<input checked="" type="checkbox"/> Minor revision	topic of the manuscript:
publish	<input type="checkbox"/> Grade D: Rejection	<input type="checkbox"/> Major revision	<input checked="" type="checkbox"/> Advanced
		<input type="checkbox"/> Rejection	<input type="checkbox"/> General
			<input type="checkbox"/> No expertise
			Conflicts-of-Interest:
			<input type="checkbox"/> Yes
			<input checked="" type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS

The manuscript "Update on bile duct cancer" is a comprehensive and well written review. The classification, diagnosis, staging and mangement either surgical-interventional or pharmaceutical of the tumour are extensively analysed. I have some minor comments. 1. Page 6 The authors stated "Bile duct-type iCCA has an

almost exclusively mass-forming growth pattern, is often associated with chronic liver disease (viral hepatitis or cirrhosis), and is not preceded by preneoplastic lesions. In clinical-pathological terms, it is similar to hepatocarcinoma and is positive for cytokeratin (CK). Furthermore, bile duct-type iCCA (mucinous) generally appears as a mass-forming pattern, periductal infiltration, or intraductal growth. It is more frequently associated with PSC and may be preceded by preneoplastic lesions. It shares phenotypical traits with pCCA and pancreatic cancer.” Which one of the iCCA mentioned in this paragraph is the conventional type and which one the bile ductular type? 2. Page 7 The authors stated “Endoscopic ultrasound (EUS)-guided fine needle aspiration (FNA) has been shown to have a good diagnostic yield: Please specify diagnostic accuracy (sensitivity, specificity, PPV, NPV) 3. Page 8 The authors stated “ It is important to point out that, given duodenal access, all of the endoscopy techniques we describe below are more accurate and efficacious in the diagnosis of dCCA. “ Please identify the diagnostic accuracy. The authors stated “In addition, histopathology-based diagnosis (histology or cytology) represents a challenge in many cases owing to the high rate of false negatives.” Please specify the numbers. 4. Page 9. The authors stated “However, unfortunately, the sensitivity of tissue diagnosis based on ERCP, especially cytology, is low (from 18% to 48%, increasing modestly to 59.4% when techniques (Please report the techniques) are combined), although the specificity is very high (please specify the rates of specificity) 5. Page 10. The authors stated “It has proven to be more accurate than CT and PET for assessment of regional lymph node metastasis in patients with mainly distal Ecca (please define what is Ecca)” 6.The citation number “79” was changed because it was recently published. “Primrose JN, et al BILCAP study group. Capecitabine compared with observation in resected biliary tract cancer (BILCAP): a randomised, controlled, multicentre, phase 3 study. Lancet Oncol. 2019 Mar 25. pii: S1470-2045(18)30915-X.” Please replace. 7. The addition of nanoparticle

albumin-bound (nab)-paclitaxel to gemcitabine-cisplatin for the treatment of patients with advanced biliary tract cancer seems promising. (Shroff RT, et al. Gemcitabine, Cisplatin, and nab-Paclitaxel for the Treatment of Advanced Biliary Tract Cancers: A Phase 2 Clinical Trial. JAMA Oncol. 2019 Apr 18.) Please mention it in the section "SYSTEMIC TREATMENT FOR ADVANCED DISEASE" 8. Cholangiocarcinoma is considered as a chemoresistant tumour. Chemosensitization strategy to improve the response of CCA is recently under discussion (Lozano E, et al. Causes of hOCT1-dependent cholangiocarcinoma resistance to sorafenib and sensitization by tumor-selective gene therapy. Hepatology. 2019) and should be mentioned in the "Molecular Targeted Therapy" section.

INITIAL REVIEW OF THE MANUSCRIPT

Google Search:

- ☐ The same title
- ☐ Duplicate publication
- ☐ Plagiarism
- ☐ No

BPG Search:

- ☐ The same title
- ☐ Duplicate publication
- ☐ Plagiarism
- ☐ No

PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Cases

Manuscript NO: 47594

Title: Update on bile duct cancer

Reviewer's code: 00722050

Reviewer's country: Canada

Science editor: Ze-Mao Gong

Reviewer accepted review: 2019-05-07 13:20

Reviewer performed review: 2019-05-08 13:03

Review time: 23 Hours

SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION	PEER-REVIEWER STATEMENTS
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	<input type="checkbox"/> Accept	Peer-Review:
<input type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language	(High priority)	<input type="checkbox"/> Anonymous
<input type="checkbox"/> Grade C: Good	polishing	<input type="checkbox"/> Accept	<input type="checkbox"/> Onymous
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of	(General priority)	Peer-reviewer's expertise on the
<input type="checkbox"/> Grade E: Do not	language polishing	<input type="checkbox"/> Minor revision	topic of the manuscript:
publish	<input type="checkbox"/> Grade D: Rejection	<input type="checkbox"/> Major revision	<input type="checkbox"/> Advanced
		<input type="checkbox"/> Rejection	<input type="checkbox"/> General
			<input type="checkbox"/> No expertise
			Conflicts-of-Interest:
			<input type="checkbox"/> Yes
			<input type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS

The authors describe the diagnostic and therapeutic aspects of cholangiocarcinoma and the review is good apart of some misspelling (e.g., hepatocarcinoma) and the following remarks. I am missing plentiful of imaging for such manuscripts. I expect 6-10 images of cholangiocarcinoma. I didn't see the PRISMA criteria or a flowchart. We need to have a



**Baishideng
Publishing
Group**

7041 Koll Center Parkway, Suite
160, Pleasanton, CA 94566, USA
Telephone: +1-925-223-8242
Fax: +1-925-223-8243
E-mail: bpgoffice@wjgnet.com
https://www.wjgnet.com

systematic review using the PRISMA criteria if we want to publish in 2019. The title needs to be amended mirroring the only aspects that the manuscript is covering.

INITIAL REVIEW OF THE MANUSCRIPT

Google Search:

- ☐ The same title
- ☐ Duplicate publication
- ☐ Plagiarism
- ☐ No

BPG Search:

- ☐ The same title
- ☐ Duplicate publication
- ☐ Plagiarism
- ☐ No