



## PEER-REVIEW REPORT

**Name of journal:** *World Journal of Clinical Cases*

**Manuscript NO:** 92962

**Title:** Removal of intrahepatic bile duct stone could reduce the risk of cholangiocarcinoma.

**Provenance and peer review:** Invited Manuscript; Externally peer reviewed

**Peer-review model:** Single blind

**Reviewer's code:** 05330707

**Position:** Editorial Board

**Academic degree:** MD, PhD

**Professional title:** Assistant Professor, Doctor

**Reviewer's Country/Territory:** Japan

**Author's Country/Territory:** United States

**Manuscript submission date:** 2024-02-14

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2024-02-15 06:13

**Reviewer performed review:** 2024-02-20 05:31

**Review time:** 4 Days and 23 Hours

<b>Scientific quality</b>	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
<b>Novelty of this manuscript</b>	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Good <input checked="" type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No novelty
<b>Creativity or innovation of this manuscript</b>	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Good <input checked="" type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No creativity or innovation



<b>Scientific significance of the conclusion in this manuscript</b>	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No scientific significance
<b>Language quality</b>	<input type="checkbox"/> Grade A: Priority publishing <input checked="" type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
<b>Conclusion</b>	<input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input checked="" type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
<b>Re-review</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>Peer-reviewer statements</b>	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous
	Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

**SPECIFIC COMMENTS TO AUTHORS**

1. As the authors state, it is clear that removal of intrahepatic stones reduces the risk of cholangiocarcinoma. However, I think it is worth mentioning that in the absence of asymptomatic cholangiocarcinoma, hepatic atrophy, or biliary stricture, immediate treatment is not necessary and careful follow-up is acceptable. 2. Since follow-up with imaging and blood tests is important in both surgical and non-surgical cases, please comment on useful imaging modalities and laboratory tests and their intervals.



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**Title:** Removal of intrahepatic bile duct stone could reduce the risk of cholangiocarcinoma.

**Provenance and peer review:** Invited Manuscript; Externally peer reviewed

**Peer-review model:** Single blind

**Reviewer's code:** 02842299

**Position:** Executive Associate Editor-in-Chief

**Academic degree:** PhD

**Professional title:** Chief Physician, Professor

**Reviewer's Country/Territory:** China

**Author's Country/Territory:** United States

**Manuscript submission date:** 2024-02-14

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2024-02-16 15:15

**Reviewer performed review:** 2024-02-23 04:02

**Review time:** 6 Days and 12 Hours

<b>Scientific quality</b>	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input checked="" type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
<b>Novelty of this manuscript</b>	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Good <input checked="" type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No novelty
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	Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

**SPECIFIC COMMENTS TO AUTHORS**

The authors discuss the study's results by Kim et al. about risk factors for CCA and expand on the topic such as Mechanism and the extent of liver resection compared to stone-affected segments. The authors affirm that hepatolithiasis is a risk factor for cholangiocarcinoma and complete removal of stones without recurrence decreases the risk of cholangiocarcinoma but does not eliminate the risk. Kim et al. found that bile duct stricture did not increase the risk of CCA. In additional, they thought left-side stones, not right-side stones as prior research suggested, are a risk factor. Given these results differ from prior literature on larger patient populations, it is necessary for the authors of this manuscript to point out this problem and analyze some of the reasons for it. I agree with the authors that by extending the follow-up period and expanding the group of patients with CCA, Kim et al. could obtain more information about risk factors and support the evidence from previous studies. This language quality aspect is generally very well done except a minor spelling mistake that “CC” is supposed to be “CCA” in the sentence” When the extent of liver resection < stone affected segments, patients are at increased risk of CC development (20- 21.5 %).”. Also, when discussing



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CCA, the authors could have made some improvements. When facing HL-CCA, the authors have evaluated C-CCA separately from S-CCA, which is very correct. However, CCA includes intrahepatic CCA and extrahepatic CCA, and the CCA discussed in this manuscript are all iCCA. There have been as well many studies on the mechanisms between hepatolithiasis and iCCA, including molecular biological mechanisms, which the authors can enrich in terms of mechanisms or discussions.