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ESPS Peer-review Report
Name of Journal: World Journal of Gastroenterology
ESPS Manuscript NO: 5835
Title: Risk factors of lymphatic metastasis complement poor radiological detection in gallbladder cancer
Reviewer code: 00502831
Science editor: Gou, Su-Xin
Date sent for review: 2013-09-29 13:15
Date reviewed: 2013-10-01 19:02

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
[ ] Grade A (Excellent)	[Y] 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)	[ ] Grade C: a great deal of language polishing	[ ] No records	[ ]Rejection
[ ] Grade D (Fair)	[ ] Grade D: rejected	BPG Search:	[Y] Minor revision
[ ] Grade E (Poor)		[ ] Existed	[ ] Major revision
		[ ] No records	

COMMENTS TO AUTHORS
The authors explored risk factors of lymphatic metastasis (LM) in gallbladder cancer, and their potential to complement unsatisfactory radiological detection. They concluded that age<60 years and CA 19-9 elevation could complement radiological detection of LM. And patients with age<60 years are at higher risk of multiple positive nodes. I have several comments and questions. 1.The authors should write about the reason of unsatisfactory radiological detection for LM of GB cancer in INTRODUCTION or DISCUSSION. 2.How about the relationship between the size of metastatic lymph nodes , radiological detection, clinicopathological factors, and prognosis of GB cancer? 3.Were there the relationships between the histological differentiation such as differentiated type or undifferentiated type, the degree of LM, radiological detection, and the prognosis of GB cancer? 4.The authors should show the features of metastatic lymph nodes which were not detected by CT with pathological figures.

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Name of Journal: World Journal of Gastroenterology
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Title: Risk factors of lymphatic metastasis complement poor radiological detection in gallbladder cancer
Reviewer code: 00289387
Science editor: Gou, Su-Xin
Date sent for review: 2013-09-29 13:15
Date reviewed: 2013-10-11 10:15

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
[ ] Grade A (Excellent)	[Y] Grade A: Priority Publishing	Google Search:	[ ] Accept
[Y] Grade B (Very good)	[ ] Grade B: minor language polishing	[ ] Existed	[ ] 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:	[Y] Minor revision
[ ] Grade E (Poor)		[ ] Existed	[ ] Major revision
		[ ] No records	

COMMENTS TO AUTHORS
Drs. Yu et al. explored the relationship between risk factors and lymphatic metastasis (LM) in gallbladder cancer, which may have potential for complementary detection of computed tomography (CT). The authors found that two factors including age and CA19-9 were correlated with LM in 63 patients, and that in 32 patients with LM diagnosed by pathologic analysis, the age less than 60-year old was correlated with LM with 3 or more than 3 positive lymph nodes. The findings may have diagnostic value to help clinical practice in gallbladder cancer. A few concerns should be addressed. 1) This study lacks an analysis of LM with cancer patient survival. Because this cancer is malignant, it is of paramount importance to understand if LM identified by the pathological method is directly associated with decreased patient survival. If it is positively correlated, then precise detection of LM is critically important. The subsequent analysis between LM detected by CT (12/32 with >3 lymph nodes vs. 20/32 <3 lymph nodes) and short patient survival should be provided. If the analysis of LM with survival does not show a correlation, the significance of this study in clinic diagnosis or prognosis is minimal or alternatively, a larger pool of patient samples may be required to establish their relationship. Therefore, this study focusing on survival must be included. 2) In the Introduction, documented background in literature pertinent to the relationship between patient survival, cancer biomarkers (e.g. CA125, Ca19-9, CEA), LM, PET and MR should be provided, in order to demonstrate the most updated knowledge acquired for the disease diagnosis and remaining questions needed to solve.