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315-321 Lockhart Road,
Wan Chai, Hong Kong, China

ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 6175

Title: Prognostic factors in patients with middle and distal bile duct cancers

Reviewer code: 02542039

Science editor: Wen, Ling-Ling

Date sent for review: 2013-10-08 10:06

Date reviewed: 2013-12-16 17:06

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
		<input type="checkbox"/> No records	

COMMENTS TO AUTHORS

The manuscript entitled “Prognostic factors in patients with middle and distal bile duct cancers” is a large retrospective study on those patients who underwent different types of surgery based on different limitations and anatomical location of tumors. The ultimate results were determined by the 5-year survival. The interim analysis was based on the percentage of patient who achieved R0 and R1 resection. Comments 1. Hypothetically, PD is a more extensive surgery than BDR. Therefore the result of PD should be better than that of BDR. However, those who underwent BDR with R0 result should also had a good survival. Since there were 4 patients in BDR group had positive lower margin and could not receive PD. In my opinion, these patients should be excluded for a fair comparison between PD and BDR groups in term of survival. 2. I would rather call all these patients as “Non-hilar cholangiocarcinoma” than middle and distal bile duct cancers. The other option to say as “it is a distal cholangiocarcinoma” is still fair. 3. The definition to split patients by using a cystic duct as a landmark is uncertain since a patient with low-lying cystic duct may be mistakenly classified as hilar cholangiocarcinoma since its nature is closer to the non-hilar one.



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Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 6175

Title: Prognostic factors in patients with middle and distal bile duct cancers

Reviewer code: 02544712

Science editor: Wen, Ling-Ling

Date sent for review: 2013-10-08 10:06

Date reviewed: 2013-12-16 22:29

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
		<input type="checkbox"/> No records	

COMMENTS TO AUTHORS

The authors present the results of a retrospective study of middle and distal bile duct cancer. They identified the influence of the surgery type (PD or BDR) and prognostic factor. Questions / Comments 1. Many studies have been published on this topic. How dose this paper add anything new to the literature? 2. They focus on the clinicopathological factors and survival. But, at the same time, they also focus on the two types of surgery. Please mention whether BDRs were less postoperative morbidity or mortality, early recover from surgery, or early initiation of adjuvant chemotherapy. 3. Many factors as well as clinicopathological factors may affect patient survival. Why did they analyze only clinicopathological factors? Because the background of study subjects is unclear, they should show a descriptive figure of all the subjects including performance status, presence of jaundice, preoperative biliary drainage, adjuvant therapy, tumor maker, postoperative complication etc. 4. Did you look at first recurrent site? It would be interesting add this information and disease free survival curves. R0 and R1 did not differ in survival because distant metastases occurred and limit the patient life? PD caused less local recurrence comparing to BRD? 5. Fig 4 b,c,d,e,f are unnecessary. Those makes us confuse and unclear. Why did they stratify N-/ + or T factor? Multivariate analyses resulted LVI and Stage. So, they should show LVI and Stage curves or their combination. 6. It is unclear: Page 8, "Lymphovascular invasion was present in 41.4% and 19.5%, respectively." 7. It is unclear: Page 9, "The five-year survival rates of patients at TNM stage 0 or 1 were higher than those of patients with TNM stage 2 or 4 (64.5%, 30.1%, and 0%; p=0.006)." 8. Please provide 95% confidence interval in table 2.



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ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 6175

Title: Prognostic factors in patients with middle and distal bile duct cancers

Reviewer code: 00067975

Science editor: Wen, Ling-Ling

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Date reviewed: 2013-12-27 08:50

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 checked="" 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 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 checked="" type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)		<input type="checkbox"/> No records	<input type="checkbox"/> Major revision

COMMENTS TO AUTHORS

This is a well-designed retrospective study with a quite big sample size. The conclusions are reasonable and credible. Here I have only one Minor point of concern: The references cited in this article are not quite updated, since that nearly half of the references are published before the year 2000, and only 2 of them are within 5 years. The authors should review the up-to-date literatures and update the corresponding data cited in the manuscript.