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ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 5682

Title: Evaluation of endoscopic biliary stenting for obstructive jaundice caused by hepatocellular carcinoma

Reviewer code: 00182436

Science editor: Zhai, Huan-Huan

Date sent for review: 2013-09-22 20:34

Date reviewed: 2013-10-01 01:22

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)	<input type="checkbox"/> Grade D: rejected	BPG Search:	<input checked="" type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)		<input type="checkbox"/> Existed	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

COMMENTS TO AUTHORS

The manuscript "Evaluation of endoscopic biliary stenting for obstructive jaundice caused by hepatocellular carcinoma" written by Gen Sugiyama and Co-workers focuses on the primary endoscopic stenting for obstructive jaundice caused by hepatocellular carcinoma in 36 consecutive patients treated at a single center. The Authors report a superior survival if obstructive jaundice was treated by endoscopic stenting and a reduction of serum bilirubin of more than 50% was achieved in contrast to unsuccessful biliary drainage. The handling of this rare tumor complication is interesting for any clinician working in hepatobiliary center. But nevertheless the article needs some revision in terms of clarity. It is not clear, why patients where biliary drainage was not possible did not achieve external drainage due to PTBD or other palliative treatment. Some other minor remarks also need revision. The written english sometimes needs improvement. After successful Revision the article might be accepted for publication in the World Journal of Gastroenterology. Major Comments: 1. Please describe the treatment of the Patients in Group B, where EBS was not possible! Was there really no change of an external biliary drainage in these patients? What about PTBD in these group? What about other palliative treatment as applied in Group A? Reading the manuscript it seems that no other treatments were possible for patients in group B. Please report more about the clinical course of these patients. 2. Please point out more detailed in the "Results" and the "Discussion", that patients with no history of "hepatectomy" had superior survival. Was it because EBS was possible? Why could a liver resection contribute to a superior survival? Pease discuss thar fact more detailed? Is there literature for that fact? 3. Additionally if the authors write hepatectomy the reader could get confused. Please write left or right hemihepatectomy or some other types of liver



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resection. E.g.: You do a hepatectomy before you transplant a new Donor Liver!! 4. If the authors write endoscopic nasobiliary stenting and EBS in the results part of the "Abstract" and do not mention nasobiliary stenting above, the reader could get confused. As far as I know nasobiliary stenting is a procedure to manage a severe cholangitis. Did so many patients had a severe cholangitis before EBS? Please clarify!!! 5. Please note that the Bismuth-Corlette classification is mostly used for cholangiocarcinoma. Please describe that in the "Methods" as well. Are you sure that you can use that classification in HCC patients? 6. "Conventionally, percutaneous tranhepatic biliary drainage (PTBD) has usually been carried out for the treatment of obstructive jaundice caused by HCC, however, in recent years, endoscopic biliary stenting (EBD) has often been undertaken as first-line therapy, taking into account the QOL of the patients." If the authors mention this development of treatment, please find a citation for that fact. Otherwise you do not have evidence for that change of treatment. 7."according to the General Rules for the clinical and Pathological Study of Primary liver Cancer, 5th Edition, 2009". If this is a Reference please cite it as a reference in the text and I the references! 8. Please fill up the introduction with more details of this rare cause of HCC complication. For example use the review from "Qin LX, Tang ZY. Hepatocellular carcinoma with obstructive jaundice: diagnosis, treatment and prognosis. World J Gastroenterol. 2003 Mar;9(3):385-91." Minor Comments: 1. Please let an English native speaker have a proof reading of your manuscript. 2. Abbreviations were used without explaining in the text. For example QOL, CT, NBNC or VP0 and so on. 3. If you do not repeat an abbreviation please do not abbreviate in the text (e.g. GW, PS or EST). I could not find these abbreviations anywhere else in the manuscript. 4. You used T.B. in the "Patients an



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ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 5682

Title: Evaluation of endoscopic biliary stenting for obstructive jaundice caused by hepatocellular carcinoma

Reviewer code: 00183290

Science editor: Zhai, Huan-Huan

Date sent for review: 2013-09-22 20:34

Date reviewed: 2013-11-27 05:42

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 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
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<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

Dear Author . Can yuo give us data according your cases when the clinician can chose EBS as the primary route approach . Or in Which case base on imaging the EBS cannot be performed.