

## ESPS PEER-REVIEW REPORT

**Name of journal:** World Journal of Gastroenterology

**ESPS manuscript NO:** 14390

**Title:** Correlation between metastatic lymph node ratio and prognosis in patients with distal cholangiocarcinoma

**Reviewer's code:** 02861409

**Reviewer's country:** Germany

**Science editor:** Ya-Juan Ma

**Date sent for review:** 2014-10-14 11:07

**Date reviewed:** 2014-10-25 17:46

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	PubMed Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C: Good		<input type="checkbox"/> Duplicate publication	
<input checked="" type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Plagiarism	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade E: Poor	<input type="checkbox"/> Grade D: Rejected	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Minor revision
		BPG Search:	<input checked="" type="checkbox"/> Major revision
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

## COMMENTS TO AUTHORS

In the present manuscript, Chu et al. analyzed retrospectively the role of metastatic lymph nodes in patients with distal cholangiocarcinoma. The authors evaluated 78 patient files and came to the conclusion that the metastatic lymph node ratio (MLNR) is an independent prognostic factor for patients with distal cholangiocarcinoma. However, the manuscript shows a lot of structural deficiencies. - What exactly are distal cholangiocarcinomas (CCA) for the authors ? It is more common to talk about intra- and extrahepatic CCA. - Lymph nodes are very rare in CCA, normally not more than 5. The authors should further discuss this point. - The introduction is very short and missing general information about CCA, terminology, histology, etc. - How was exactly the calculation of MLNR performed ? What does 0.2 or >0.5 stand for ? - There are no information about underlying liver disease or co-diseases, which definitely will influence survival. - The are two scores worldwide used for the staging of lymphnodes for CCA. 1) TNM, 2)

Consensus classification from the European Hepato-Pancreato-

Biliary Association: Both

scores have to be discussed in the manuscript. - Fig. 2/3 better change month to years. The authors



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should also show the patients at risk for the investigated time-points.

## ESPS PEER-REVIEW REPORT

**Name of journal:** World Journal of Gastroenterology

**ESPS manuscript NO:** 14390

**Title:** Correlation between metastatic lymph node ratio and prognosis in patients with distal cholangiocarcinoma

**Reviewer's code:** 00002736

**Reviewer's country:** United States

**Science editor:** Ya-Juan Ma

**Date sent for review:** 2014-10-14 11:07

**Date reviewed:** 2014-10-25 22:59

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	PubMed Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<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"/> Duplicate publication	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input type="checkbox"/> Plagiarism	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input checked="" type="checkbox"/> No	<input type="checkbox"/> Major revision
		BPG Search:	
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

## COMMENTS TO AUTHORS

The investigators tried to study the relation between MLNR and prognosis of distal cholangiocarcinoma (DCC). In a retrospective fashion, during a 13 year period, 128 patients who had undergone surgery for DCC were identified. However, 50 patients were excluded. - Please explain why nearly 40% of the patients were excluded. Exclusion of this large number of patients is concerning due to potential selection bias that it can create. - Table 1 should be expanded to include the 50 patients that were excluded. The areas where information is not available can be left blank. This can clearly show what type of patients were excluded. - In the result section, "tumor differentiation" was found to affect survival. However, the paper does not offer a definition for the term. In the method section of the paper, please define "tumor differentiation" and how it was calculated. - Lymph node metastasis has to be better defined in the method section of the paper. Was it local lymph nodes or distant lymph nodes or both? - In the method section of the paper, please explain how the cutoff points of 0.2 and 0.4 were chosen for MLNR

## ESPS PEER-REVIEW REPORT

**Name of journal:** World Journal of Gastroenterology

**ESPS manuscript NO:** 14390

**Title:** Correlation between metastatic lymph node ratio and prognosis in patients with distal cholangiocarcinoma

**Reviewer's code:** 02444977

**Reviewer's country:** Thailand

**Science editor:** Ya-Juan Ma

**Date sent for review:** 2014-10-14 11:07

**Date reviewed:** 2014-10-23 10:11

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	PubMed Search:	<input checked="" type="checkbox"/> [Y] Accept
<input type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> [Y] Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input type="checkbox"/> [ ] High priority for publication
<input checked="" type="checkbox"/> [Y] Grade C: Good	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Duplicate publication	<input type="checkbox"/> [ ] Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input checked="" type="checkbox"/> [Y] No	<input type="checkbox"/> [ ] Minor revision
<input type="checkbox"/> Grade E: Poor		BPG Search:	<input type="checkbox"/> [ ] Major revision
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> [Y] No	

## COMMENTS TO AUTHORS

The authors showed the correlation between metastatic lymph node ratio and prognosis in patients with distal cholangiocarcinoma. The results of MLNR may use as an independent prognostic factor for DCC patients after radical resection and is useful for predicting postoperative survival. The results are supported to their conclusion.

## ESPS PEER-REVIEW REPORT

**Name of journal:** World Journal of Gastroenterology

**ESPS manuscript NO:** 14390

**Title:** Correlation between metastatic lymph node ratio and prognosis in patients with distal cholangiocarcinoma

**Reviewer's code:** 02527752

**Reviewer's country:** Hungary

**Science editor:** Ya-Juan Ma

**Date sent for review:** 2014-10-14 11:07

**Date reviewed:** 2014-10-23 14:49

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	PubMed Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<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"/> Duplicate publication	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input type="checkbox"/> Plagiarism	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input checked="" type="checkbox"/> No	<input type="checkbox"/> Major revision
		BPG Search:	
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

## COMMENTS TO AUTHORS

World Journal of Gastroenterology      ESPS Manuscript NO: 14390 Title: Correlation between metastatic lymph node ratio and prognosis in patients with distal cholangiocarcinoma    General opinion: The metastatic lymph node ratio (MLNR) is an Important, Independent Prognostic factor and it is already demonstrated in many tumors (colon, gastric, pancreatic, esophageal, breast, etc.. Cancer).    The prognostic significance of MLNR was investigated by the Authors in distal cholangiocarcinoma (DCC). Their current research is novel in this respect, but only innovative at that point. The authors reached a similar findings were already published in other tumor type. The authors stated there is no study has Explored the correlation MLNR Between Patients and prognosis in DCC. Comments: ? It is surprising that the third author (Xu Che) designed the research, analyzed the data, and wrote the paper. Normally the first author takes a main part of responsibility of publication (designe, analysis, and reporting of results) ? Running title - it does not reflect the content of the article ? The pages must be numbered. ? Materials and Methods: o As the preoperative investigation only abdominal CT / MRI / ultrasound and determination of serum

tumor markers are included, therefore the definition of tumor stage is not complete. In Materials and methods part of the manuscript there is no enough explanation why the MLNR groups (0, 0-0.2, 0.2-0.5, and > 0.5) has been chosen by the Authors. Although some notes can be found in the Discussion part of the manuscript as well, but the explanation must be included in the Materials and Methods section. There is a few redundant part in the manuscript, which is unnecessary and should be avoided. E.g In the Materials and Methods section ("Data analysis") lists the analyzed clinicopathological data s (age, sex, operative duration, etc.) These text provided again in the Results section ("Results of Univariate analysis"). Typos in the text should be corrected. Eg metastatic lymph node ratio was abbreviated as MLMR, RLNM instead of MLNR, .... Kaplan-Meier..., naive. "Long-term survival" would be more accurate long-term patient survival, etc. Table 2: shows that patient survival is better who has perineural invasion ("Yes" line), than those who did not have ("No" line). Is it a typo? If not, please explain how these results can be explained. Fig. 1-2: This figure difficult to understand at least printed in black and white. References: Several recent publications appeared about the distal cholangiocarcinoma and its prognostic factors, upgrading is necessary.

## ESPS PEER-REVIEW REPORT

**Name of journal:** World Journal of Gastroenterology

**ESPS manuscript NO:** 14390

**Title:** Correlation between metastatic lymph node ratio and prognosis in patients with distal cholangiocarcinoma

**Reviewer's code:** 00225334

**Reviewer's country:** Sweden

**Science editor:** Ya-Juan Ma

**Date sent for review:** 2014-10-14 11:07

**Date reviewed:** 2014-10-17 19:48

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	PubMed Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C: Good		<input type="checkbox"/> Duplicate publication	
<input checked="" type="checkbox"/> Grade D: Fair	<input checked="" type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Plagiarism	<input checked="" type="checkbox"/> Rejection
<input type="checkbox"/> Grade E: Poor	<input type="checkbox"/> Grade D: Rejected	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Minor revision
		BPG Search:	<input type="checkbox"/> Major revision
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

## COMMENTS TO AUTHORS

The authors demonstrate in a fairly limited number of patients that the metastatic lymph node ratio in distal cholangiocarcinomas subjected to pancreaticoduodenectomy was prognostically significant as a predictor of survival. During a 14-year period a total of 128 pancreaticoduodenectomies were performed. 78 patients were included in this retrospective analysis. One wonders what happened with the remaining patients and why these were excluded? The authors point at the relevance of improved surgery and also skilled pathology in order to get a sufficient number of lymph nodes to examine. Was a uniform and standardized pathological protocol without any changes over time used during the whole period? Did the number of surgically removed lymph nodes change over time in parallel with improved surgical skills? With metastatic lymph node ratio demonstrated to be an independent diagnostic factor, one wonders what this information would change concerning management and strategy decisions? Similar correlations had been demonstrated in both intrahepatic and extrahepatic cholangiocellular carcinomas and for pancreatic ductal adenocarcinomas. The authors actually themselves point at the work by Kawai et al (ref no. 13)



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demonstrating the metastatic lymph node ratio to be an independent prognostic factor for bile duct carcinomas. By this, the added novelty value is limited.