



ESPS PEER REVIEW REPORT

Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 12190

Title: Rapidly aggravated skeletal muscle metastases from an intrahepatic cholangiocarcinoma

Reviewer code: 02861409

Science editor: Ya-Juan Ma

Date sent for review: 2014-06-26 18:38

Date reviewed: 2014-07-09 17:39

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

COMMENTS TO AUTHORS

The given case report by Lee et al. is describing a rare case of intrahepatic cholangiocarcinoma (ICC) and skeletal muscle metastases. Major concerns: 1. The introduction is lacking information about RFA in patients with ICC. Photodynamic therapy is not a new technique. 2. The origin of the patient, presumably Asian, is not defined. 3. Other lab parameters like: GGT and LDH are not reported. 4. It is not clear for me why so many diagnostic steps were performed: Why US, CT, MRT and PET-CT? This is no standard procedure. 5. Treatment before the development of skeletal muscle metastases was no standard therapy. Why radiation? Why no combination of Gemcitabine + Cisplatin as first-line chemo? 6. After the report of back pain and the confirmation of the muscle metastases Gem/Cis was given. Why no radiation against the pain in combination with Chemo? 7. Table 1 is missing important information about the origin of patients, chemotherapy details, underlying liver disease, lab parameters, difference between intra- and extrahepatic cholangiocarcinomas- 8. Figure 3: Wrong order of the labelling. 9. Are all reported cases reflecting Asian patients? If yes, is there any difference to people from Western countries? This point should be discussed in more detail.

## ESPS PEER REVIEW REPORT

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

**ESPS manuscript NO:** 12190

**Title:** Rapidly aggravated skeletal muscle metastases from an intrahepatic cholangiocarcinoma

**Reviewer code:** 02444977

**Science editor:** Ya-Juan Ma

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CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input checked="" type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
<input checked="" type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> Existing	<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	BPG Search:	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input type="checkbox"/> Existing	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

### COMMENTS TO AUTHORS

Comment to author. The case report of a “rapidly aggravated skeletal muscle metastases from an intrahepatic cholangiocarcinoma” is very exciting data to the reader and may provide the novel important information of this cancer. However, the manuscript writing didn’t focus and summarize the results to support the conclusion. Moreover, many points should be concerned before consideration to publish. Minor comments: 1. The abstract should be focused the important results of this patient to support the conclusion that “a rapidly aggravated skeletal muscle metastases from an intrahepatic cholangiocarcinoma”. 2. Discussion should be compared and discussed in term of sites, efficacy of treatment, follow-up, outcome after treatment of this patient to support the conclusion that a rapidly aggravated skeletal muscle metastases from an intrahepatic cholangiocarcinoma by comparison to the previously reported of 5-cases as mention in the Table1. Moreover, a novel finding from this case report which differ from the previously cases reported should also concluded. 3. The results should be consequently described from Fig.1A, 1B, 1C and 1D), followed by Fig. 2A and 2B, and then Fig3A-3D. The sequence of results can be divided into before and after treatment. 4. Figure 2A “An ultrasound-guided percutaneous needle biopsy of the low-echoic liver mass was performed; histopathology confirmed a poorly differentiated adenocarcinoma, which was positive for cytokeratins 7 and 19 (Figure 2A). However, Fig2A showed a poorly differentiated cholangiocarcinoma by H&E staining. It didn’t support to the text, please



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check. Therefore, the immunohistochemistry for cyt7 and 19 are necessary to show for supporting in the text. The image of histological feature of cholangiocarcinoma didn't clearly seen, the higher magnification of these figures are required. 5. The arrows head are necessary to indicate in the areas as described in the text of Figure 1 and Fig3.