

ESPS PEER REVIEW REPORT

Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 12396

Title: Retrospective study of FOLFIRI plus bevacizumab as a second line therapy for metastatic intrahepatic cholangiocarcinoma after failure of gemcitabine plus oxaliplatin combination

Reviewer code: 00608195

Science editor: Su-Xin Gou

Date sent for review: 2014-07-07 13:04

Date reviewed: 2014-07-15 17:50

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 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 checked="" type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> No records	<input checked="" type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input type="checkbox"/> Existing	<input type="checkbox"/> Minor revision
<input checked="" type="checkbox"/> Grade E: Poor		<input type="checkbox"/> No records	<input type="checkbox"/> Major revision

COMMENTS TO AUTHORS

The number of patients included in this phase 2 trial are very small - in 5 years only 13 patients were included. There are too many errors on the text about the trial. I explain with some examples. By the inclusion criteria the patients should have (among others criteria) advanced BTC, refractory to gemcitabine-based first-line chemotherapy and received GC combination as second-line treatment. On the Results we verify that only 4 patients received intra-arterial gemcitabine/oxaliplatin although on Table 1 the authors refers 5 patients. In Abstract the authors underlined "a disease control rate of 77%" although on the results they say that "disease control rate was 84.5%". When authors say "propose off target usage of FOLFIRI bevacizumab" I think they should want to say "propose off label usage of FOLFIRI bevacizumab".

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Title: Retrospective study of FOLFIRI plus bevacizumab as a second line therapy for metastatic intrahepatic cholangiocarcinoma after failure of gemcitabine plus oxaliplatin combination

Reviewer code: 00503832

Science editor: Su-Xin Gou

Date sent for review: 2014-07-07 13:04

Date reviewed: 2014-07-17 09:42

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 checked="" 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 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"/> Existing	<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 pilot study that provides a new strategy for the second line treatment of advanced cholangiocarcinoma. The clinical outcome is acceptable and may give a new hope to the first line treatment failure patients of cholangiocarcinoma. Some suggestions are as follow: 1. There are many clinical used abbreviations in this text that readers would be quite difficult to realize. I suggest authors could give a list to explain the abbreviations. 2. Some typing errors are as follow: At line 16 in page 3, standard of care for "unresectable" cholangiocarcinoma..... It would be unresectable. At line 21 in page 4, "inotecan" would be irinotecan. At line 8 in page 7, At 2 "mo",... Is it "month"? 3. At line 20 in page 8, "A recent multicentric retrospective study in Italian" would replace "A recent multicentric retrospective Italian study". 4. At line 14 in page 3, the sentence "Recently, 2 phase III trials demonstrate that for oxaliplatin plus gemcitabine regimen[7]." is too long and needs to separate into 2 shorter sentences.

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ESPS manuscript NO: 12396

Title: Retrospective study of FOLFIRI plus bevacizumab as a second line therapy for metastatic intrahepatic cholangiocarcinoma after failure of gemcitabine plus oxaliplatin combination

Reviewer code: 00506013

Science editor: Su-Xin Gou

Date sent for review: 2014-07-07 13:04

Date reviewed: 2014-07-17 10:24

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

COMMENTS TO AUTHORS

The article under reviewing represents the retrospective study of FOLFIRI plus bevacizumab as a second line therapy for metastatic intrahepatic cholangiocarcinoma after failure of gemcitabine plus oxaliplatin combination. The topic is interesting and it may suggest second line treatment of advanced cholangiocarcinoma for those failed the 1st line treatment! However, there are some concerns should be clarified: 1. There are too many errors on the text about the trial. Some typing errors are as follow: At line 16 in page 3, standard of care for "unresecable" cholangiocarcinoma..... It would be unresectable. At line 21 in page 4, "inotecan" would be irinotecan. At line 8 in page 7, 2. There are many abbreviations in this text that readers would be quite difficult to realize. 3. The number of patients included in this phase 2 trial are very small and have to list limitation in discussion. Despite the regimen could provide a new treatment for 2nd line therapy in these subjects, the small number remains a limitation to make such a conclusion. Therefore, the authors may mention that a further larger scale prospective trial should be mandatory to confirm the conclusion!