

## ESPS PEER-REVIEW REPORT

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

**ESPS manuscript NO:** 33394

**Title:** Laparoscopic approach to suspected T1 and T2 gallbladder carcinoma

**Reviewer's code:** 00919923

**Reviewer's country:** South Korea

**Science editor:** Ya-Juan Ma

**Date sent for review:** 2017-02-08 11:48

**Date reviewed:** 2017-02-15 11:23

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	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"/> The same title	<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"/> Duplicate publication	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input checked="" type="checkbox"/> Plagiarism	<input checked="" type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		[ Y ] 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

This is a well written meaningful paper on laparoscopic approach for early GB cancer. In addition, authors achieved good results in laparoscopic treatment for T1 and T2 GB cancer and showed instructive information from their experiences.

## ESPS PEER-REVIEW REPORT

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

**ESPS manuscript NO:** 33394

**Title:** Laparoscopic approach to suspected T1 and T2 gallbladder carcinoma

**Reviewer's code:** 01560494

**Reviewer's country:** China

**Science editor:** Ya-Juan Ma

**Date sent for review:** 2017-02-08 11:48

**Date reviewed:** 2017-02-24 15:49

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	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"/> 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 checked="" type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input checked="" 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

Laparoscopic approach IS unfit for T2 gallbladder cancer according to NCCN guide.

## ESPS PEER-REVIEW REPORT

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

**ESPS manuscript NO:** 33394

**Title:** Laparoscopic approach to suspected T1 and T2 gallbladder carcinoma

**Reviewer's code:** 03665440

**Reviewer's country:** Japan

**Science editor:** Ya-Juan Ma

**Date sent for review:** 2017-02-08 11:48

**Date reviewed:** 2017-03-01 10:36

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	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"/> The same title	<input type="checkbox"/> High priority for publication
<input checked="" type="checkbox"/> Grade C: Good		<input type="checkbox"/> Duplicate publication	
<input 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

Thank you for the opportunity to review this manuscript. This is a retrospective but interesting study aiming to evaluate laparoscopic surgery for "suspected" T1 and T2 gallbladder cancer. Wide spread of the laparoscopic approach has been hampered by the risk of tumor dissemination as well as by the difficulties in preoperative (and operative) diagnosis for malignancy and staging, as described by the authors. Their operative outcomes shown in the manuscript, with a precise algorithm for surgical management, are likely to be acceptable. It is assumed that the laparoscopic procedures have been performed by skilled endoscopic surgeons. In addition, I agree the point that the laparoscopic surgery potentially has an advantage of precise view for lymph node dissection over open surgery. However, their definitive conclusions appear not to match the results. "LCWL and LCGB" can safely be performed with a well-planned strategy and skilled surgeons, but the issue of "minimally invasive procedures" has not been addressed in this study. Furthermore, the presented data of RFS as "long-term results" in comparison with open surgery seems not appropriate for publication, which may cause misunderstanding. I cannot find any data for baseline characteristics of the open group or comparison of background factors for lap vs open in this report. #1 The data of RFS in comparison

with open surgery is presented in Figure 5. There would be a potential bias with a substantial difference in follow-up period. If the authors would like to present the data, baseline characteristics of the open group and comparison of background factors for lap vs open should be analyzed. In addition, a limitation to interpret the figure should be added. Otherwise, the data and description for the RFS in lap vs open could be omitted, if the figure seemed misleading. #2 The conclusions of the paper should be reconsidered, since less invasiveness of the laparoscopic procedure has not been estimated in this study. #3 "Whole-layer cholecystectomy" or "the whole-layer gallbladder wall" should be explained briefly, according to some references (e.g. Honda, G. J Hepatobiliary Pancreat Sci 23(9): E14-9; 2016, Sugioka, A. J Hepatobiliary Pancreat Sci 24(1): 17-23; 2017) #4 In the first paragraph of Discussion, the authors mentioned that "laparoscopic radical resection for GBC has rarely been reported". There are several studies regarding the theme as referred by the authors. Thus, the word "rarely" is inappropriate. I would like to know the distinguishing or important points of the current report in relation to results of the preceding relevant studies. #5 In the 4th para of Discussion, the term "overwhelmingly" seems too exaggerated. #6 General information about diagnosis and surgery for gallbladder carcinoma can be shortened with appropriate indication of the references. #7 An additional comment would be needed as to whether the D2 dissection can be completed without EBR. #8 In "Laparoscopic gallbladder bed resection" of the Methods section, the sentence "the positions of trocars are similar to those for laparoscopic gastrectomy" seems not necessary.