

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 33402

Title: Benefit of neoadjuvant concurrent chemoradiotherapy for locally advanced perihilar cholangiocarcinoma.

Reviewer's code: 00069774

Reviewer's country: Thailand

Science editor: Ya-Juan Ma

Date sent for review: 2017-02-08 15:32

Date reviewed: 2017-02-13 16:13

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"/> No	<input checked="" 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"/> No	

COMMENTS TO AUTHORS

Some comments authors may want to response are as follows: 1. What is the CA-19-9 value of the neoadjuvant group before neoadjuvant treatment ? Is it decreased after the neoadjuvant and will it affect the multivariate analysis for searching of predicting variables? 2. There are so many chemotherapy regimens for neoadjuvant. How many courses of the treatment in the neoadjuvant 3. In discussion described 2 out of 12 patients in neoadjuvant group achieved a complete response, why this is not consistent with Table 2 in Result section.

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Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 33402

Title: Benefit of neoadjuvant concurrent chemoradiotherapy for locally advanced perihilar cholangiocarcinoma.

Reviewer's code: 01560494

Reviewer's country: China

Science editor: Ya-Juan Ma

Date sent for review: 2017-02-08 15:32

Date reviewed: 2017-02-09 11:12

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 checked="" 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"/> 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"/> 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"/> No	

COMMENTS TO AUTHORS

CCRT may not allow tumor downstaging and improve tumor resectability in locally advanced perihilar cholangiocarcinoma

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 33402

Title: Benefit of neoadjuvant concurrent chemoradiotherapy for locally advanced perihilar cholangiocarcinoma.

Reviewer's code: 00069105

Reviewer's country: Spain

Science editor: Ya-Juan Ma

Date sent for review: 2017-02-08 15:32

Date reviewed: 2017-02-27 03:17

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 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 checked="" 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

Dear authors. You have a huge experience in this disease but I have some concerns about your study. The main problem is that you compare two groups 12 pt (chemort neoadjuvant) vs 45 nochemeort). The groups are not statistically comparable: age, stage,... and regimens of chemotherapy are different between 12. so results have to be taken with caution. The results are better for neoadjuvant group but due to small number of patients are not statistically significant. A propensity match score or case control study is needed. Minor concerns: Methodology. No preoperative histology of neoadjuvant group? As you know 10-15% of Klatskin tumors diagnosed are not real Klatskin tumors. (IgG4 cholangitis and so on) We need to know if you have taken a biopsy or cytology of these cases. CA19-9 is a very important data in your analysis as you now there is a relationship between bilirubin levels and CA19-9. Have you studied this possible interference? Any data about surgical morbidity or mortality and how affect the results? No data about if every patient in non neoadjuvant was given chemort (when? which?) References are a little bit old and very few. 7/12 are older than 2011.