

# PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

**Manuscript NO:** 56510

Title: Hepatocellular carcinoma with tumor thrombus in bile duct: a proposal of new

classification according to resectability of primary lesion

Reviewer's code: 00068723 Position: Editorial Board Academic degree: MD, PhD

Professional title: Doctor, Occupational Physician

Reviewer's Country/Territory: Japan

Author's Country/Territory: China

Manuscript submission date: 2020-05-05

Reviewer chosen by: AI Technique

Reviewer accepted review: 2020-05-06 01:31

Reviewer performed review: 2020-05-06 02:31

Review time: 1 Hour

Scientific quality	[ ] Grade A: Excellent [ ] Grade B: Very good [ ] Grade C: Good [ Y] Grade D: Fair [ ] Grade E: Do not publish
Language quality	[ ] Grade A: Priority publishing [ ] Grade B: Minor language polishing [ Y] Grade C: A great deal of language polishing [ ] Grade D: Rejection
Conclusion	<ul><li>[ ] Accept (High priority)</li><li>[ ] Minor revision</li><li>[ ] Rejection</li></ul>
Re-review	[ ] Yes [Y] No
Peer-reviewer statements	Peer-Review: [Y] Anonymous [ ] Onymous  Conflicts-of-Interest: [ ] Yes [Y] No



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#### SPECIFIC COMMENTS TO AUTHORS

The authors investigated hepatocellular carcinoma (HCC) patients with tumor thrombus in bile duct (BDTT). They proposed a new classification of BDTT. The case series were useful for daily clinical practice. As for clinical study, the design was immature. The rationality of BDTT was not clear. How did the authors reach BDTT? What was the problems with BDTT? How were the literatures about BDTT? How was the percentage of patients with HCC suffering from BDTT? It was not clear how the HCC patients with BDTT were recruited. Inclusion and exclusion criteria were not clear. How were the ethical issues addressed? The BDTT classification was the most significance of this manuscript. How would the authors think about drawn figures of the classification? Figures show ERCP images. Procedures of ERCP were not described in Materials and Methods. Figure 2 showed PTC image. Procedure of PTC (percutaneous transhepatic cholangiography?) should be described in Materials and Methods. Table 1. BDTT meant bile duct obstruction, causing obstructive jaundice. How were liver functions, such as ALP, AST, ALT and G-GTP? This point may be useful for the correct diagnosis of BDTT. When obstructive jaundice was detected, diagnostic imaging, such as MRCP, would be sequentially performed leading to correct diagnosis of BDTT. Figure 1G. Bile duct wall was not seen. It would be recommended to change this photo to show BDTT more clearly. Figure 2. What was the indication of PTC for this patient? Table 1 said the BDTT located in common bile duct (CBD). Were there any other photos to show BDTT in CBD more clearly? Was it possible to understand this patient that the HCC recurred only in CBD? Figure 7. Alphabets, A to I were not referred in the legend. How would the authors show the new classification? What were the CT images intended to show? These photos were not appropriate to show the new classification. Discussion was relatively long. It should be focused on the significance of this study.



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Title: Hepatocellular carcinoma with tumor thrombus in bile duct: a proposal of new

classification according to resectability of primary lesion

Reviewer's code: 03674832 Position: Peer Reviewer

Academic degree: FACC, FACS, FRCP, MD, PhD

Professional title: Doctor, Emeritus Professor, Professor

Reviewer's Country/Territory: Greece

Author's Country/Territory: China

Manuscript submission date: 2020-05-05

**Reviewer chosen by:** Jia-Ping Yan

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Reviewer performed review: 2020-05-22 08:02

**Review time:** 2 Hours

Scientific quality	[Y] Grade A: Excellent [] Grade B: Very good [] Grade C: Good [] Grade D: Fair [] Grade E: Do not publish
Language quality	[Y] Grade A: Priority publishing [] Grade B: Minor language polishing [] Grade C: A great deal of language polishing [] Grade D: Rejection
Conclusion	[Y] Accept (High priority) [ ] Accept (General priority) [ ] Minor revision [ ] Major revision [ ] Rejection
Re-review	[Y] Yes [] No
Peer-reviewer statements	Peer-Review: [Y] Anonymous [ ] Onymous  Conflicts-of-Interest: [ ] Yes [Y] No



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SPECIFIC COMMENTS TO AUTHORS

Evaluation of the original research paper ERP-2020-ST-0060 entitled "Burden of Disease and Costs Associated with Type 2 Diabetes in Emerging and Established Markets: Systematic Review Analyses". This paper has relevance to the purpose and the audience of ERP. The aim of this paper was to estimate, with three systematic literature reviews conducted in MEDLINE and Embase, all relevant publications reporting the epidemiology of T2D and complications in T2D and the economic burden of T2D and associated complications. The authors suggest that the burden of T2D, related complications and inherent costs are higher in emerging versus established market countries with reference to potential strategies to reduce costs and enhance outcomes of T2D treatment in developing countries. Major Comments for the authors 1. This study is focused on interesting issues: the epidemiology of T2D and complications in T2D and the economic burden of T2D and associated complications 2. The text, the tables and the figure are of adequate length and informative. 3. References are up to date. 4. The results of the paper are very interesting and suggest that mortality due to T2D in EMG countries varied between 13.2/1,000 PY (Turkey) and 41/1,000 PY (Taiwan). In Russia, mortality was reported at 76.6/100,000 people. Across EST countries, mortality rates varied between 8.9/100,000 (UK) and 23.7/100,000 (Canada). Significant regional variability in mortality has been reported, notably in Spain where the range was between 6.1/100,000 and 82.7/100,000 people in the lowest and highest mortality regions. Age-specific epidemiological data showed an increase in T2D mortality rates with increasing age in Canada (219.6/100,000 for 65–74 years and 1229.9/100,000 for ≥85 years), Germany (in 2010, 16.6% deaths due to diabetes were for 60-69 years and 34.2% for 70–79 years) and Taiwan (184.5/1,000 PY for ages 80–89 and 398.7/1,000 PY for age ≥90 years). In contrast, time trend analyses from Australia, England and Italy indicate an



approximately 5% to 10% overall decrease in mortality rates over the past decade. 5. These data are very interesting and useful. 6. The results of this paper and its suggestions have practical implications for the treatment of patients with diabetes.



# PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

**Manuscript NO:** 56510

Title: Hepatocellular carcinoma with tumor thrombus in bile duct: a proposal of new

classification according to resectability of primary lesion

Reviewer's code: 02861260 Position: Editorial Board Academic degree: PhD

**Professional title:** Associate Professor

Reviewer's Country/Territory: South Korea

Author's Country/Territory: China

Manuscript submission date: 2020-05-05

Reviewer chosen by: AI Technique

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Reviewer performed review: 2020-05-26 06:01

**Review time:** 20 Days

Scientific quality	[ ] Grade A: Excellent [Y] Grade B: Very good [ ] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish
Language quality	[Y] Grade A: Priority publishing [] Grade B: Minor language polishing [] Grade C: A great deal of language polishing [] Grade D: Rejection
Conclusion	[ ] Accept (High priority) [Y] Accept (General priority) [ ] Minor revision [ ] Major revision [ ] Rejection
Re-review	[Y] Yes [] No
Peer-reviewer statements	Peer-Review: [Y] Anonymous [ ] Onymous  Conflicts-of-Interest: [ ] Yes [Y] No



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## SPECIFIC COMMENTS TO AUTHORS

I reviewed this manuscript. As author suggest, it is difficult to detect and avoid misdiagnosis of the tumor thrmbosis especially in cases of BDTT in clinical practice. Therefore, this manuscript is well-organized and authors clearly suggested the classification of HCC with BDTT.



## RE-REVIEW REPORT OF REVISED MANUSCRIPT

Name of journal: World Journal of Gastroenterology

Manuscript NO: 56510

Title: Hepatocellular carcinoma with tumor thrombus in bile duct: a proposal of new

classification according to resectability of primary lesion

Reviewer's code: 00068723 Position: Editorial Board Academic degree: MD, PhD

Professional title: Doctor, Occupational Physician

Reviewer's Country/Territory: Japan

Author's Country/Territory: China

Manuscript submission date: 2020-05-05

Reviewer chosen by: Ze-Mao Gong

Reviewer accepted review: 2020-07-23 06:22

Reviewer performed review:  $2020-07-24\ 06:40$ 

**Review time:** 1 Day

Scientific quality	[ ] Grade A: Excellent [ ] Grade B: Very good [Y] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish
Language quality	[ ] Grade A: Priority publishing [ Y] Grade B: Minor language polishing [ ] Grade C: A great deal of language polishing [ ] Grade D: Rejection
Conclusion	[ ] Accept (High priority) [ Y] Accept (General priority) [ ] Minor revision [ ] Major revision [ ] Rejection
Peer-reviewer statements	Peer-Review: [Y] Anonymous [ ] Onymous  Conflicts-of-Interest: [ ] Yes [Y] No



The revised version has been significantly improved. The rationality of this study has been clear. The images of each case are imformative. The rationality of this study has been explained in Introduction. The prognosis is poorer, and its diagnosis is sometimes difficult. Ethical statement has been improved.



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Name of journal: World Journal of Gastroenterology

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Title: Hepatocellular carcinoma with tumor thrombus in bile duct: a proposal of new

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Reviewer's code: 03674832 Position: Peer Reviewer

Academic degree: FACC, FACS, FRCP, MD, PhD

Professional title: Doctor, Emeritus Professor, Professor

Reviewer's Country/Territory: Greece

Author's Country/Territory: China

Manuscript submission date: 2020-05-05

**Reviewer chosen by:** Ze-Mao Gong

Reviewer accepted review: 2020-07-23 08:12

Reviewer performed review: 2020-07-26 09:00

**Review time:** 3 Days

Grade A: Excellent [Y] Grade B: Very good [ ] Grade C: Good ] Grade D: Fair [ ] Grade E: Do not publish
[Y] Grade A: Priority publishing [] Grade B: Minor language polishing [] Grade C: A great deal of language polishing [] Grade D: Rejection
Accept (High priority) [Y] Accept (General priority)  Minor revision [ ] Major revision [ ] Rejection
Peer-Review: [Y] Anonymous [] Onymous  Conflicts-of-Interest: [] Yes [Y] No
[ - -



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Evaluation of the retrospective paper 56510 entitled "Hepatocellular carcinoma with tumor thrombus in bile duct: a proposal of new classification according to resectability of primary lesion". 1. The paper refers to an interesting issue: proposal of new classification according to resectability of primary lesion. 2. The paper is well written. The text, the figures and the tables are of appropriate length and informative. 3. The references are up to date. 4. There are practical implications of the paper: In patients with hepatocellular carcinoma. 5. If there were issues in the previous submission these were addressed adequately in the revision.