

## PEER-REVIEW REPORT

**Name of journal:** *World Journal of Gastrointestinal Surgery*

**Manuscript NO:** 81638

**Title:** Precise mapping of hilar cholangiocarcinoma with a skip lesion by SpyGlass cholangioscopy: A case report

**Provenance and peer review:** Unsolicited Manuscript; Externally peer reviewed

**Peer-review model:** Single blind

**Reviewer's code:** 05455405

**Position:** Peer Reviewer

**Academic degree:** MD, PhD

**Professional title:** Associate Professor, Surgeon, Surgical Oncologist

**Reviewer's Country/Territory:** Russia

**Author's Country/Territory:** Taiwan

**Manuscript submission date:** 2022-11-25

**Reviewer chosen by:** Dong-Mei Wang

**Reviewer accepted review:** 2023-01-10 09:40

**Reviewer performed review:** 2023-01-14 09:36

**Review time:** 3 Days and 23 Hours

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Novelty of this manuscript	<input checked="" type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No novelty
Creativity or innovation of this manuscript	<input checked="" type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No creativity or innovation

<b>Scientific significance of the conclusion in this manuscript</b>	<input checked="" type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No scientific significance
<b>Language quality</b>	<input type="checkbox"/> Grade A: Priority publishing <input checked="" type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
<b>Conclusion</b>	<input type="checkbox"/> Accept (High priority) <input checked="" type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
<b>Re-review</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Peer-reviewer statements</b>	Peer-Review: <input type="checkbox"/> Anonymous <input checked="" type="checkbox"/> Onymous
	Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

## SPECIFIC COMMENTS TO AUTHORS

Dear editors and authors of the manuscript "Precise mapping of hilar cholangiocarcinoma with a skip lesion by SpyGlass Cholangioscopy - A case report"! The described clinical case is relevant for practical medicine in the following aspects: - the extent of the spread of hilar cholangiocarcinoma along the biliary tract is difficult to verify at the preoperative stage - the prognosis in the vast majority of cases is unfavorable - the development of endoscopic technologies requires more implementation in practice and coverage in the scientific literature. - the proposed algorithm for patient management is justified and relevant. Comments on the manuscript: 1. Images of percutaneous transhepatic cholangiography and percutaneous drainage of the ducts of the left lobe of the liver are not shown by the authors. These data are indicative, because initial endoscopic drainage did not result in a reduction in jaundice. 2. The data of the histological examination (photo) and the morphological type of the tumor are not shown (in addition to the radical nature of the operation, the aggressive biology of the tumor also determines the further prognosis of the disease. Therefore, in the Discussion section of the manuscript, I recommend adding an article by



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Kovalenko YA, Zharikov YO, Konchina NA, Gurmikov BN, Marinova LA, Zhao AV  
Perihilar cholangiocarcinoma: A different concept for radical resection Surg Oncol  
2020;33:270-275 doi:10.1016/j.suronc.2020.02. patients). 3. Expand the description of the  
early postoperative period. 4. What adjuvant therapy was carried out in the future?  
CARE Checklist-2016 requirements met. The manuscript requires a minor revision as  
per the comments above.

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**Reviewer's code:** 03529808

**Position:** Peer Reviewer

**Academic degree:** MD

**Professional title:** Doctor

**Reviewer's Country/Territory:** Japan

**Author's Country/Territory:** Taiwan

**Manuscript submission date:** 2022-11-25

**Reviewer chosen by:** Yu-Lu Chen

**Reviewer accepted review:** 2023-02-12 22:10

**Reviewer performed review:** 2023-02-12 22:44

**Review time:** 1 Hour

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input checked="" type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
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<b>Re-review</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Peer-reviewer statements</b>	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous
	Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

## SPECIFIC COMMENTS TO AUTHORS

There are several concerns to be addressed. 1. To begin with, cholangiocarcinoma is divided into localized and invasive types, with the localized type often having superficial extension. The localized type is often superficial and can be treated by biliary endoscopy, as in this case. On the other hand, most of the invasive types have intramural extension, and the cholangiographic image of sclerosis is more important than cholangioscopy. Hilar cholangiocarcinoma is mostly of the invasive type, and cholangioscopy is less useful. The present case was a localized type, and cholangioscopy may have been useful. Therefore, I believe that the authors should state this as a proper premise. 2. Fig. 1B should be presented with a more enlarged bile duct. 3. The CT image in Fig. 1C should be presented before bile duct stent placement. It is difficult to localize the tumor on the image after stent placement.