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ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastrointestinal Surgery

ESPS manuscript NO: 17010

Title: Is gall bladder cancer a bad cancer per se?

Reviewer's code: 00058053

Reviewer's country: Egypt

Science editor: Fang-Fang Ji

Date sent for review: 2015-02-06 21:30

Date reviewed: 2015-02-08 15:27

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> [Y] Accept
<input type="checkbox"/> [Y] Grade B: Very good	<input type="checkbox"/> [Y] 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 type="checkbox"/> [Y] 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 type="checkbox"/> [Y] No	

COMMENTS TO AUTHORS

good editorial article. it is concise and comprehensive review of bad cancer. I have no comments.



ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastrointestinal Surgery

ESPS manuscript NO: 17010

Title: Is gall bladder cancer a bad cancer per se?

Reviewer’s code: 00505473

Reviewer’s country: India

Science editor: Fang-Fang Ji

Date sent for review: 2015-02-06 21:30

Date reviewed: 2015-03-31 20:41

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 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 checked="" type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input type="checkbox"/> Plagiarism	<input checked="" 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

The author described here the difficulties of diagnosis and treatment of gall bladder cancer. It has also poor prognostic outcome. The manuscript is written in a physician point of view. The quality of the manuscript can be improved if following points are considered: ? Brief idea of Indian scenario. Percentage of occurrence. ? Many diagnostic tools and medical terms are written in abbreviation. These should be written in full. ? Manuscript should be grammatically improved. It seems some informations are accumulated here. As for example sentence/ paragraph started with “Even”. ? The structure of gall bladder is favouring the cancer. If it is described with diagrams it would be clear enough for all types of readers than only physicians. ? “T3/T4 is tumor stage” it is not mentioned. ? In few cases there is no reference specially when comparing with other cancers. ? In last para author mentioned “Prevention is important” still there is no preventive measure. Explain. ? Order of paragraphs should be changed to improve the quality of the manuscript. eg. Author organized the manuscript 1. The structure of the GB followed by 2. Difficulties of surgical procedure. It is followed by 3. Mortality rate during surgery then again 4. Poor survival during surgical resection; 5. Comparison with other cancers; 6. Life saving surgical procedure; 7. International Classification of



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Diseases & occurrence which should come first& finally 8. Prevention. ? References are also not arranged in the proper way.