

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastrointestinal Surgery

ESPS manuscript NO: 24638

Title: Predictors of long term survival after hepatic resection for hilar cholangiocarcinoma: 5-year survivors retrospective study

Reviewer's code: 01560494

Reviewer's country: China

Science editor: Jing Yu

Date sent for review: 2016-01-31 14:16

Date reviewed: 2016-02-01 10:13

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

The aim of this study is to determine predictors of long term survival after resection of HC. But, the cases of the paper is less. There are a lot of the same papers on publishing. The manuscript contains less new innovations or insight.

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastrointestinal Surgery

ESPS manuscript NO: 24638

Title: Predictors of long term survival after hepatic resection for hilar cholangiocarcinoma: 5-year survivors retrospective study

Reviewer's code: 03254227

Reviewer's country: Italy

Science editor: Jing Yu

Date sent for review: 2016-01-31 14:16

Date reviewed: 2016-03-02 20:41

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	Google Search:	<input checked="" 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 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 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 an interesting manuscript with a significant number of patients treating an important topic. Minor revision are needed: - in materials and methods authors stated that patients' recruitment was starting from 2002, in results from 1995. Dates should be corrected. - there is no mention for treatment protocol including liver transplantation; these should be added in discussion - no explication are reported to explain why age is a good prognostic factor. Had these survivors patients a better survival because an earlier diagnosis?

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastrointestinal Surgery

ESPS manuscript NO: 24638

Title: Predictors of long term survival after hepatic resection for hilar cholangiocarcinoma: 5-year survivors retrospective study

Reviewer's code: 02439777

Reviewer's country: South Korea

Science editor: Jing Yu

Date sent for review: 2016-01-31 14:16

Date reviewed: 2016-03-03 12:54

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 checked="" 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"/> 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

General comments: Long-term control of biliary carcinomas can only be obtained by potentially curative surgery (i.e., removal of all apparent tumors). However, due to the lack of early stage symptoms, a definitive diagnosis is often established at an advanced stage. As a result, a large proportion of patients are beyond the scope of curative treatment on diagnosis and only palliative management may be given. Even in the case of going through surgery, post-operative morbidity and mortality is higher than other diseases. Therefore, it is difficult to determine the long-term outcome. Under these circumstances, the follow-up for a relatively large number of patients which exceeds five years is significant. Comments: 1. The study period is between January 2002 and April 2013, which exceeds 11 years. Was caudate lobectomy performed during the initial stage of surgery? Also, how many surgeons performed surgery on the patients included in this study? Were there any differences in their methods of operation and preference? 2. Was preoperative drainage performed for all patients? Was there an influence on the long-term outcome with respect to preoperative drainage? 3. What about the patients' TNM stage and bismuth type? Did they influence



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prognosis? 4. Hepatic recurrence occurred in two places with 51 and 8 patients, respectively. For patients with hepatic recurrence, a comparison should be made for types R0 and R1. Moreover, it would be recommendable to discuss whether the recurrence occurred only with the R1 type. The details regarding this issue should be described under Results.

5. The information in Figure 1 and Figure 2 is thoroughly described under Results. Therefore, it would be recommendable to delete these diagrams.