

PEER-REVIEW REPORT

Name of journal: World Journal of Gastrointestinal Oncology

Manuscript NO: 65399

Title: Gallbladder cancer: Historical treatment and new management options

Reviewer's code: 04559366 Position: Peer Reviewer Academic degree: MD

Professional title: Academic Research, Attending Doctor, Doctor, Medical Assistant,

Surgeon, Surgical Oncologist

Reviewer's Country/Territory: United Kingdom

Author's Country/Territory: United States

Manuscript submission date: 2021-03-06

Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-04-08 16:25

Reviewer performed review: 2021-04-15 17:40

Review time: 7 Days and 1 Hour

Scientific quality	[] Grade A: Excellent [Y] Grade B: Very good [] Grade C: Good [] Grade D: Fair [] Grade E: Do not publish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



SPECIFIC COMMENTS TO AUTHORS

The article does not report new concepts about gallbladder cancer.



PEER-REVIEW REPORT

Name of journal: World Journal of Gastrointestinal Oncology

Manuscript NO: 65399

Title: Gallbladder cancer: Historical treatment and new management options

Reviewer's code: 04105454 Position: Editorial Board Academic degree: MD

Professional title: Professor

Reviewer's Country/Territory: Egypt

Author's Country/Territory: United States

Manuscript submission date: 2021-03-06

Reviewer chosen by: Man Liu

Reviewer accepted review: 2021-05-06 10:45

Reviewer performed review: 2021-05-06 10:53

Review time: 1 Hour

Scientific quality	[] Grade A: Excellent [Y] Grade B: Very good [] Grade C: Good [] Grade D: Fair [] Grade E: Do not publish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
Re-review	[Y] Yes [] No
Peer-reviewer statements	Peer-Review: [Y] Anonymous [] Onymous Conflicts-of-Interest: [] Yes [Y] No



SPECIFIC COMMENTS TO AUTHORS

it is well written review article thank you

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PEER-REVIEW REPORT

Name of journal: World Journal of Gastrointestinal Oncology

Manuscript NO: 65399

Title: Gallbladder cancer: Historical treatment and new management options

Reviewer's code: 02822937 Position: Editorial Board

Academic degree: FACS, MBBS, MCh, MS

Professional title: Professor, Surgeon

Reviewer's Country/Territory: India

Author's Country/Territory: United States

Manuscript submission date: 2021-03-06

Reviewer chosen by: Man Liu

Reviewer accepted review: 2021-05-10 06:18

Reviewer performed review: 2021-05-11 12:35

Review time: 1 Day and 6 Hours

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 [Y] Grade B: Minor language polishing [] Grade C: A great deal of language polishing [] Grade D: Rejection
Conclusion	[] Accept (High priority) [] Accept (General priority) [] Minor revision [] Major revision [Y] Rejection
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

In this review article "GALLBLADDER CANCER - HISTORICAL TREATMENT AND NEW MANAGEMENT OPTIONS", authors aimed to examine the causes of gallbladder cancer along with new innovative treatments in the management of gallbladder cancer, and they have also examined various genetic predispositions for Authors have tried to cover too many aspects of GBC in one review article- needs to be shortened for clear messages. This article does not add to current understanding on this subject. Many aspects have not been covered adequately: minimally invasive approach for radical cholecystectomy (Han HS, Laparoscopic Surgery for Gallbladder Cancer: An Expert Consensus Statement. Dig Surg. 2019, Vega EA. Comparison of oncological outcomes after open and laparoscopic re-resection of incidental gallbladder cancer. Br J Surg. 2020) 2. Staging laparoscopy: Agarwal AK. The role of staging laparoscopy in primary gall bladder cancer--an analysis of 409 patients: a prospective study to evaluate the role of staging laparoscopy in the management of gallbladder cancer. Ann Surg. 2013 Aug 3. Robotic surgery: Goel M. Robotic surgery for gallbladder cancer: Operative technique and early outcomes. J Surg Oncol. 2019 4. Current status of PET scan in staging (Goel S, . 18-FDG PET-CT should be included in preoperative staging of gall bladder cancer. Eur J Surg Oncol. 2020) 5. Role of chemotherapy +- RT in neoadjuvant and adjuvant setting has not been discussed adequately. (Chaudhari VA, Outcome of neoadjuvant chemotherapy in "locally advanced/borderline resectable" gallbladder cancer: the need to define indications. HPB (Oxford). 2018) 6. Initial part of review -epidemiology/clinical presentation can be shortened. 7. There are duplication of the content at places e.g. management of incidental GBC. 8. How augmented reality is beneficial specifically for GBC. 9. Please discuss Chemotherapy and recent advances separately for better understanding.



PEER-REVIEW REPORT

Name of journal: World Journal of Gastrointestinal Oncology

Manuscript NO: 65399

Title: Gallbladder cancer: Historical treatment and new management options

Reviewer's code: 05947685 Position: Peer Reviewer

Academic degree: MD, PhD

Professional title: Doctor, Lecturer

Reviewer's Country/Territory: Thailand

Author's Country/Territory: United States

Manuscript submission date: 2021-03-06

Reviewer chosen by: Man Liu

Reviewer accepted review: 2021-05-04 19:47

Reviewer performed review: 2021-05-12 03:09

Review time: 7 Days and 7 Hours

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) [] Accept (General priority) [] Minor revision [Y] 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

In this review, the authors examined "the causes of gallbladder cancer along with new innovative treatments in the management of gallbladder cancer". Even the review is quite comprehensive and could be useful for clinicians and general readers, it lacks of novelty and might not sufficiently contribute to the research fields. To improve the review, the authors may need to consider these issues. - The pathogenesis, pathophysiology, and molecular mechanisms of the carcinogenesis of gallbladder cancer should be provided, rather than giving the list of risk factors. The development of the treatments as well as the preventions that corresponding to the mechanisms of carcinogenesis and progression should be addressed. If it is unknown or the data are insufficient, then it also needs to explain. - The authors should discuss more about the advancement of diagnosis and treatments, and suggest the future direction of research to improve such issues of gallbladder cancer. The whole review is summarized the data of findings in the past but the critical analysis and synthesis are lacking. - The tumor markers mentioned in the review are not specific to only gallbladder cancer, but could also be increased in other cancers. The authors should make clear how these markers could be useful for the diagnosis or prognosis of gallbladder cancer. For example, in Line 164, the diagnostic algorithm is referred, but the details of the algorithm are not given. -As the title indicates "New treatment options", it would be better to include all available options, both medical and surgical, with adequately address the discussion of pros and cons of each. In the present version, there are only surgical options provided. - The abbreviation should be consistent, e.g., for cholangiocarcinoma, there are CAC and CCA, and sometimes the full word is spelled out. - There are some typos need to be corrected.



RE-REVIEW REPORT OF REVISED MANUSCRIPT

Name of journal: World Journal of Gastrointestinal Oncology

Manuscript NO: 65399

Title: Gallbladder cancer: Historical treatment and new management options

Reviewer's code: 05947685 Position: Peer Reviewer

Academic degree: MD, PhD

Professional title: Doctor, Lecturer

Reviewer's Country/Territory: Thailand

Author's Country/Territory: United States

Manuscript submission date: 2021-03-06

Reviewer chosen by: Chen-Chen Gao

Reviewer accepted review: 2021-07-26 16:02

Reviewer performed review: 2021-07-29 04:30

Review time: 2 Days and 12 Hours

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) [] Accept (General priority) [] Minor revision [Y] Major revision [] Rejection
Peer-reviewer statements	Peer-Review: [Y] Anonymous [] Onymous Conflicts-of-Interest: [] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

- This reviewer failed to see the highlighted revision, although it was mentioned that the



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revised text has been highlighted in bold. Thus, it is hard to compare and decide if the authors have adequately addressed the points of concerns of the reviewers. - Even the authors explained that this is a clinical narrative review, the critical synthesis of knowledge from the previous reports together with the perspective/suggestion for a research on the same topic is also important for a review article in scientific journal. Otherwise, it rarely adds up any information to the current understanding of the field.