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PEER-REVIEW REPORT

Name of journal: World Journal of Gastrointestinal Oncology

Manuscript NO: 65798

Title: Non-surgical treatment of hilar cholangiocarcinoma.

Reviewer's code: 05332467

Position: Peer Reviewer

Academic degree: MD

Professional title: Doctor

Reviewer's Country/Territory: China

Author's Country/Territory: Italy

Manuscript submission date: 2021-03-16

Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-03-17 01:49

Reviewer performed review: 2021-03-29 03:23

Review time: 12 Days and 1 Hour

Scientific quality	[] Grade A: Excellent [] Grade B: Very good [Y] Grade C: Good [] Grade D: Fair [] Grade E: Do not publish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 study, Inchingolo et al. provided a literature review of the currently available treatment modus operandi and future directions for unresectable HC. Authors list a variety of non-surgical treatments and associated clinical trials and outcomes. To best of our knowledgeable, there is no similar literature in recent years. Unfortunately, the main weakness derives from the lack of detailed visual table, and the newest research. 1. To make it easier for the reader to read quickly and intuitively, I recommend to make a table, which should include the treatment options, clinical trials, number of people included in the study, results, and references. 2. The references you included in the present study are not the latest, so you need to include more to improve the quality of the research. Or, generate a workflow demonstrating inclusion and exclusion methodology for articles in this review. 3. With immunotherapy advances in cancer therapy, recent studies have demonstrated the role of immunotherapy in HCC and is also cholangiocarcinoma, and there а small sample practice in hilar cholangiocarcinoma (PMID: 33722163). I recommend adding а section on immunotherapy and target therapy. 4. Unfortunately, I don't see much in this study about the future direction of the no-surgical treatment. In this section you can emphasize, or add a little bit of basic research content that has not been translated into clinical 5. I recommend to add the following points: 1). Comparison of the efficacy of practice. IRE and other therapeutic modalities 2). RFA + stents compared to RFA alone or stents alone. 3). Advances in the efficacy of multidisciplinary approaches