



PEER-REVIEW REPORT

Name of journal: *World Journal of Gastrointestinal Oncology*

Manuscript NO: 66244

Title: Minimally invasive surgical treatment of intrahepatic cholangiocarcinoma: a systematic review

Reviewer's code: 05947685

Position: Peer Reviewer

Academic degree: MD, PhD

Professional title: Doctor, Lecturer

Reviewer's Country/Territory: Thailand

Author's Country/Territory: Italy

Manuscript submission date: 2021-03-23

Reviewer chosen by: Ya-Juan Ma

Reviewer accepted review: 2021-03-29 02:12

Reviewer performed review: 2021-04-04 17:16

Review time: 6 Days and 15 Hours

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 Grade E: Do not publish
Language quality	<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
Conclusion	<input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input checked="" type="checkbox"/> Major revision <input type="checkbox"/> Rejection
Re-review	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Peer-reviewer statements	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No



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SPECIFIC COMMENTS TO AUTHORS

In this manuscript, the authors systematically reviewed and summarized the surgical results that compared between open surgery and minimally invasive surgery. While the topic is of interest and there are a few reviews on this topic available, the methodology and data presentation need to be improved. Several major and minor concerns need to be addressed and English presentation of the manuscript may need professional edit to improve a readability. Major points: 1. In several points in manuscript (e.g., in the conclusion of abstract), the authors claimed that minimally invasive resection is safe for "selected cases", however, the definition of selected cases has never been described in the method or in discussion. The criteria for selection of ICC patients for minimally invasive resection should be provided according to what the original papers had described. 2. In Materials and Methods, the information of how many papers were retrieved from each database should be provided. 3. I cannot find figure 1 that referred from the results section. The authors need to provide a PRISMA flow diagram to show the searching and recruiting literature to study. 4. The authors should provided more table to show the data of tumor characteristics, it would be easier to follow rather than only explain in the main text. 5. The comparison and discussion on the rate to achieve R0 margin between open vs minimally invasive should be provided and emphasized. As this is one of the major prognostic markers for ICC patients after operation. 6. The limitations of this systematic review and suggestions for further study should be provided in Discussion. The authors may provide and suggest based on their own expertise what the direction of this topic will be in the next 5 years, in term of both treatment strategies and research field. 7. The heading (name) of table 3 is needed. The abbreviations of overall survival and open surgery are the same word in table 3 which could confuse the readers. For statistical significance, it is better to indicate using the asterisk marked rather than a bold font.



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Minor points: 1. The word "negative prognostic factors" should be replaced with other terms as this is ambiguous. Using the word negative or positive in such a context can confuse the readers. The authors may consider words like; poor or good prognostic factor, or as such the other word that makes clear to the point. 2. The pattern of abbreviation should be consistent through the whole manuscript, e.g., CA19-9. 3. English presentation needs a professional edit. There are many points of grammatical errors and the using of punctuation which compromise the readability of the manuscript.



PEER-REVIEW REPORT

Name of journal: *World Journal of Gastrointestinal Oncology*

Manuscript NO: 66244

Title: Minimally invasive surgical treatment of intrahepatic cholangiocarcinoma: a systematic review

Reviewer's code: 05917833

Position: Peer Reviewer

Academic degree: MD

Professional title: Doctor

Reviewer's Country/Territory: Thailand

Author's Country/Territory: Italy

Manuscript submission date: 2021-03-23

Reviewer chosen by: Ya-Juan Ma

Reviewer accepted review: 2021-03-29 01:58

Reviewer performed review: 2021-04-10 09:28

Review time: 12 Days and 7 Hours

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
Language quality	<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
Conclusion	<input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input checked="" type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
Re-review	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Peer-reviewer statements	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No



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SPECIFIC COMMENTS TO AUTHORS

In this manuscript, the authors demonstrated that the minimally invasive approach for ICC by demonstrating its safety and reproducibility and by confirming the well-known advantages minimally invasiveness in term of short postoperative outcomes. There are still critical points needing to be clarified. A number of changes should be made to improve this paper. 1. This manuscript still has critical points needing to be edited (Page 21, please add the title of table 3). 2. In result part. -In study inclusion, you mention that 2 studies selected after full-text analysis were then excluded because more recent studies from the same authors presented more updated data. Please clarify this point because these publications studied same population group. -In geographical distribution of selected pater in this study including Italy and UK, USA, Germany, Japan, Korea and China; how about in other country such as Thailand because high prevalence of CCA in this country. -In tumor characteristic, why you mention only 7 publications. 3 In discussion part. -You mention that, 4 studies reported a lower intraoperative blood loss associated to the minimally invasive approach even when dealing with radical lymph nodes clearance. However, Kang et al. reported that the blood loss in laparoscopic surgery higher than open surgery, please clarify. -Please clarify why the number of patients for 90-day motility in laparoscopic surgery lower than open surgery in Wu et al., and Ratti et al. -Please state why the histopathological margin (R0) in laparoscopic surgery higher than open surgery.



RE-REVIEW REPORT OF REVISED MANUSCRIPT

Name of journal: *World Journal of Gastrointestinal Oncology*

Manuscript NO: 66244

Title: Minimally invasive surgical treatment of intrahepatic cholangiocarcinoma: a systematic review

Reviewer's code: 05947685

Position: Peer Reviewer

Academic degree: MD, PhD

Professional title: Doctor, Lecturer

Reviewer's Country/Territory: Thailand

Author's Country/Territory: Italy

Manuscript submission date: 2021-03-23

Reviewer chosen by: Han Zhang (Online Science Editor)

Reviewer accepted review: 2021-08-19 15:31

Reviewer performed review: 2021-08-19 22:25

Review time: 6 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
Language quality	<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
Conclusion	<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
Peer-reviewer statements	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



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Thank you for your revision. The current version is much improved and all queries by this Reviewer is adequately addressed.