



# BAISHIDENG PUBLISHING GROUP INC

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## ESPS PEER-REVIEW REPORT

**Name of journal:** World Journal of Gastrointestinal Oncology

**ESPS manuscript NO:** 21582

**Title:** Outcome of curative resection for perihilar cholangiocarcinoma in northeast Thailand

**Reviewer's code:** 00913069

**Reviewer's country:** Italy

**Science editor:** Ya-Juan Ma

**Date sent for review:** 2015-08-04 20:26

**Date reviewed:** 2015-08-17 01:06

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 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"/> Duplicate publication	
<input checked="" type="checkbox"/> Grade D: Fair	<input checked="" type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Plagiarism	<input checked="" type="checkbox"/> Rejection
<input type="checkbox"/> Grade E: Poor	<input type="checkbox"/> Grade D: Rejected	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Minor revision
		BPG Search:	<input type="checkbox"/> Major revision
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

### COMMENTS TO AUTHORS

The Authors should be complimented for a very important caseload of tumors which are so difficult to treat. The results are similar or slightly worse than previously reported (for instance, more than 50% of R1 resection). The discussion is very poor. No significant innovation is reported. English Language should be revised largely.

## ESPS PEER-REVIEW REPORT

**Name of journal:** World Journal of Gastrointestinal Oncology

**ESPS manuscript NO:** 21582

**Title:** Outcome of curative resection for perihilar cholangiocarcinoma in northeast Thailand

**Reviewer's code:** 00069774

**Reviewer's country:** Thailand

**Science editor:** Ya-Juan Ma

**Date sent for review:** 2015-08-04 20:26

**Date reviewed:** 2015-08-18 10:45

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 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 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 type="checkbox"/> No	

### COMMENTS TO AUTHORS

Outcome of curative resection for perihilar cholangiocarcinoma in northeast Thailand By Titapun et al. A retrospective study of survival outcome in perihilar cholangiocarcinoma who were undergone curative resection attempt. The analysis was made to examine parameters that affected the outcomes including clinicopathological states of the patients, preoperative and surgical processes during treatment. The study impacts the patient care procedure where it strongly suggests the curative surgical attempt along with necessary preoperative procedures will yield the better survival outcomes. Some notes are made for authors to clarify as follows 1. Some inconsistency in values presented in Results: In text Survival analysis (p9, para 3) "Median survival time after curative resection was 19.9 months", but in Fig.1 shows 19.0 months. 2. In Fig 2 shows that Pre-operative biliary drainage & portal vein embolization have better 5-year survival rates, but in Table 4, these 2 parameters show the opposite direction. Authors may reexamine the conflicting results. 3. The comparison between pre-op drainage is misleading, because it was a comparison between patients with preop drainage and all other patients. It should compare between patients with certain



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conditions where drainage is an alternative, not all patients and similar with the preop-PVE. The better outcome in Fig.2 does not mean that all patients should be subjected to preop-procedures!. Authors should make the comparison in the set of patients in the situation of interest, not all patients.

4. Is there any explanation why patients with co-morbidity have seemingly better survival outcome ?

5. It is interesting to see are there any differences between the intrahepatic and perihilar CCA in term of cancer staging, operative attempts and survival outcome. 6. Since adjuvant chemotherapy may affect the survival outcome, authors did not mention about such chemotherapy.



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## ESPS PEER-REVIEW REPORT

**Name of journal:** World Journal of Gastrointestinal Oncology

**ESPS manuscript NO:** 21582

**Title:** Outcome of curative resection for perihilar cholangiocarcinoma in northeast Thailand

**Reviewer's code:** 00069371

**Reviewer's country:** Thailand

**Science editor:** Ya-Juan Ma

**Date sent for review:** 2015-08-04 20:26

**Date reviewed:** 2015-08-21 16:49

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 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 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 type="checkbox"/> No	

### COMMENTS TO AUTHORS

The report about curative resection in this data analysis showed enough background of the study. The writing makes it interesting, however some minor corrections are required in the text. Result 1. 92,60.1%) and jaundice (90,58.8%). 2. tumor staging - needs consistency, format :stage IIIb, stage Iva, stage 1, etc. 3. hepatectomy = the procedure of liver resection, not the number of case (eg. 63 right hepatectomy) 4. define N0, N1, N2, HR Discussion 1. the curative resection of PCCA in Srinagarind hospital, KhonKaen, Thailand was safe with low perioperative mortality and a 5-year survival rate comparable to recent studies. - safe - means 100% survival ? or low perioperative mortality? The paper showed there was some percent mortality and suggested the way to improve the R0 and mortality -comparable to recent studies - means the procedure, type of tumor or some other place? -future liver remnant volume = a predicted size?