



SDI Review Form 1.6

Journal Name:	International Journal of TROPICAL DISEASE & Health
Manuscript Number:	Ms_IJTDH_31491
Title of the Manuscript:	FINE NEEDLE ASPIRATION CYTOLOGY IN LESIONS OF GALL BLADDER - EXPERIENCE IN A PRIMARY CARE SETTING.
Type of the Article	Original Research Paper

General guideline for Peer Review process:

This journal's peer review policy states that **NO** manuscript should be rejected only on the basis of '**lack of Novelty**', provided the manuscript is scientifically robust and technically sound.

To know the complete guideline for Peer Review process, reviewers are requested to visit this link:

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PART 1: Review Comments

	Reviewer's comment	Author's comment (if agreed with reviewer, correct the manuscript and highlight that part in the manuscript. It is mandatory that authors should write his/her feedback here)
<u>Compulsory</u> REVISION comments	(1) In this series of 45 patients who underwent fine needle aspiration (FNAC) for a gallbladder mass, did the aspiration needle went through the liver parenchyma? (2) Was there any evidence of bile leak resulting in bile peritonitis? (3) Was there any evidence to show whether there was any chance of tumor implantation by using the fine needle? (4) How did the FNAC help in patient management? (5) What happened to the 7 patients without the diagnosis of Ca gallbladder made by FNAC? Did they have a final diagnosis of Ca gallbladder? (6) Did FNAC result in a worse prognosis after curative treatment in those treatable diseases? Ethical Issues: Is it ethical to carry out FNAC in patients with curable Ca gallbladder?	I thank the reviewer for his/her very valuable and insightful comments. My reply is: (1) As aspiration was performed under ultrasound guidance, it was possible in most of the cases to avoid penetration of the liver. However benign hepatocytes were seen in some aspirates. (2) No case of bile peritonitis was seen. (3) Aspiration was performed with 21 G or 23 G needle. Needle tract implantation is extremely rare with FNAC. This is corroborated in numerous studies earlier. (4) It helped in providing confirmatory morphological diagnosis. It helped in segregating patients requiring palliative care only from patients requiring definitive treatment. (5) These patients were lost to follow up. (6) As elaborated in discussion section of the manuscript, patients of GBCa in stage IIa and above have dismal prognosis. (7) In our set up, majority of patients of GBCa are not in a curable stage of the disease.



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		Otherwise too, even in early stages, cure rates of GBCa are poor, (Please see line 170 – 174 of the manuscript). Use of FNAC as a diagnostic procedure does not worsen the prognosis in majority of the patients, as shown in numerous earlier studies by other workers.
<u>And Minor</u> REVISION comments	(1) The study covered a period of over 5½ years, thus there were less than 10 cases of Ca gallbladder per year in this center. Were there any other cases of Ca gallbladder diagnosed by other means? If yes, how were patients chosen to undergo FNAC? (2) The references are not in a standard format, e.g. reference 1, pages 24-8; reference 3, pages 107-109. (3) There are too many figures. All the data shown in the figures can be summarized into a table.	(1) In our set up, decision regarding patient referral for FNAC is taken by the clinician. Pathologists perform the procedure and provide a morphological diagnosis. (2) Corrections made. (3) Figures reduced by 50%.
<u>Optional/General</u> comments	I am not sure whether FNAC would disseminate Ca gallbladder, making a curable disease into a non-curable disease.	Already discussed above.