



SDI Review Form 1.6

Journal Name:	Journal of Cancer and Tumor International
Manuscript Number:	Ms_JCTI_24468
Title of the Manuscript:	Gallbladder Carcinoma in Ghana: Histopathological Examination of Cholecystectomy Specimen.
Type of the Article	Original Research Article

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:

(<http://www.sciencedomain.org/page.php?id=sdi-general-editorial-policy#Peer-Review-Guideline>)



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PART 1: Review Comments

	Reviewer's comment	Author's comment <i>(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)</i>
<u>Compulsory</u> REVISION comments	No compulsory revision is required	
<u>Minor</u> REVISION comments	In results: Presenting symptom should be table 1 and histopathology table 2 Was there an associated gall stones and / or chronic cholecystitis detected? This should be reported since there is a significant association between gallstones, chronic cholecystitis, and gallbladder carcinoma. Gallstones are present in 74% to 92% of patients with gallbladder carcinoma [Nagormey DM et al. Semin Oncol 1998: 15:106]. If the data is not available this should be written at the end of discussion as a limitation of the study Are there any data about other risk factors e.g. body mass index of the patients or porcelain gall bladder. Obesity is an associated risk factor for gall bladder carcinoma. An increased risk for gallbladder cancer has been reported with an elevated body mass index; compared with those with a body mass index less than 24 Kg/m² [Strom BL et al. Cancer 1995: 76:1747-56] Was there any information regarding the duration of symptoms before diagnosis, laboratory results, radiological investigations and type of surgery done? Was the gallbladder cancer found incidentally at the time of surgery performed for other indications or was diagnosed before surgery?	



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	Was the cancer unsuspected neoplasm before referral, discovered via pathological examination of tissue samples, confined to the mucosa or submucosa (stage I), advanced, with extensive local-regional involvement at the time of diagnosis. The grade of the cancer should be mentioned since well differentiated tumors have a better prognosis while poorly differentiated infiltrative tumors with associated gallstones are more likely to be associated with lymph node metastases and invasion into the liver [Sumiyoshi K et al. World J Surg 1991: 15:315] Was there any information regarding TNM staging and outcome?	
<u>Optional/General</u> comments	This is a retrospective study from Ghana. It assesses Gallbladder carcinoma in Ghana through histopathological examination of cholecystectomy specimen. In the study age, gender, presenting symptom and pathology were assessed. The authors concluded that The histopathological classification of gall bladder carcinoma in Ghanaian does not differ much from reported cases. The study is technically correct. Weakness of the study includes: Much information is lacking. The strength of the study is that little is known about gallbladder carcinoma in this African county in the literature	

Reviewer Details:

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