



**PEER-REVIEW REPORT**

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

**Manuscript NO:** 93401

**Title:** Rare primary squamous cell carcinoma of the intrahepatic bile duct: A case report and review of literature

**Provenance and peer review:** Unsolicited manuscript; Externally peer reviewed

**Peer-review model:** Single blind

**Reviewer’s code:** 03252941

**Position:** Editorial Board

**Academic degree:** MD

**Professional title:** Doctor, Professor

**Reviewer’s Country/Territory:** Japan

**Author’s Country/Territory:** China

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**Reviewer chosen by:** AI Technique

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<b>Scientific quality</b>	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input checked="" type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
<b>Novelty of this manuscript</b>	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Good <input checked="" type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No novelty
<b>Creativity or innovation of this manuscript</b>	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Good <input checked="" type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No creativity or innovation



<b>Scientific significance of the conclusion in this manuscript</b>	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Good <input checked="" type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No scientific significance
<b>Language quality</b>	<input checked="" type="checkbox"/> Grade A: Priority publishing <input type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
<b>Conclusion</b>	<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
<b>Re-review</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Peer-reviewer statements</b>	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**

Yang et al. reported a case of primary squamous cell carcinoma (SCC) of the intrahepatic bile duct. They also performed a review of the relevant literature. I have some comments on this report. Major points: 1. I have a major concern regarding pathological diagnosis of SCC. The authors presented the results of H&E-stained sections and immunohistochemistry (IHC). First, cancer pearl and intercellular bridge, which are essential for the diagnosis of SCC, cannot be seen in Fig. 2B. The tumors cells have relatively a scant cytoplasm and the high N/C ratio. Nuclei are relatively small and uniform in size and shape. In short, they do not look like SCC. I point out that villin is a marker of adenocarcinoma. Positive staining of p63 does not necessarily exclude adenocarcinoma, because it is stained in myoepithelium of exocrine glands. From this image and the results of IHC in Fig. 3, neuroendocrine tumor, including small cell carcinoma, undifferentiated carcinoma, and mesenchymal tumors must be ruled out. Presentation of IHC of high molecular weight cytokeratin, such as CK5/6, is desirable. 2. In Laboratory examinations of CASE PRESENTATION, liver function, such as serum levels of AST, ALT, GT, ALP, bilirubin, albumin, and blood cell count, should be



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specifically presented. 3. In Further diagnostic work-up, description of pathological investigation of the resected tumor is insufficient. pTNM stage, vessel invasion, status of the background liver tissue, and existence of cholelithiasis, should be described. 4. In Outcome and follow-up, description of recurrent tumor, such as location, number, and size, surgical procedure, and surveillance period after 2nd surgery should be described. 5. The meaning of ICC is confused, In the Introduction, it encompasses adenocarcinoma, SCC and other histopathological variants. In the Discussion (p.8, ll.23-28; On imaging, the HCC is always ... enhancement mass similar to ICC), however, ICC is used to specifically mean adenocarcinoma. This issue should be addressed. Minor points: 1. What is Tegio chemotherapy? Please explain it by citing relevant references. 2. In the Discussion (p.7, ll.20-22), The prognosis of cholangiocarcinoma is worse than that of intrahepatic bile duct adenocarcinoma ...: This sentence is confusing. Intrahepatic bile duct adenocarcinoma is also cholangiocarcinoma. 3. In the Discussion (p.8, l.22), hepatobiliary tumors beyond: This may be "hepatobiliary tumor markers." 4. In the Discussion (p.9, l.1), SPY-glass: Please explain SPY-glass.