Reviewer's report

Title: Clinical and prognostic significance of preoperative plasma hyperfibrinogenemia in gallbladder cancer following surgical resection

Version: 2 Date: 8 June 2014

Reviewer: Keita Kai

Reviewer's report:

Major Compulsory Revisions

General comment

1. The authors have retrospectively analyzed 115 cases of surgically resected GBC. Their results suggested potential prognostic value of preoperative plasma fibrinogen level. They also demonstrated in vivo data concerning cell migration and invasion of GBC-SD and NOZ cell line affected by fibrinogen. Although I can understand the academic value of this study, the clinical impact of this study is not so high. I have to say that this paper involves the risk of misleading. The authors should clearly document the limitations of the study and they must take care of risk of misunderstanding for their result.

Major comment

1. The section of “Diagnostic performance of preoperative plasma fibrinogen levels for tumor staging in GBC patients” and Table 3 are misleading. It is not “diagnosis”. It simply means that “preoperative plasma fibrinogen level significantly correlated with tumor staging” and almost same result of Table 2. Therefore, the authors should delete Table 3 and that section. Preoperative tumor staging must be done by TMN factors from imaging study. Plasma fibrinogen level is just only supporting information in clinical practice because plasma fibrinogen level is easily affected by infection or general condition (such as liver function) as they documented in discussion.

2. Their result firmly suggested that preoperative plasma fibrinogen level is the one of the prognostic factor of GBC. However, other factors such as TMN stage, nodal metastasis and margin status is also prognostic factors as they shown in Table 6. The sentence of conclusion “we advocate the use of preoperative plasma fibrinogen levels in new GBC patients to predict tumor progression and outcome” is misleading. As mentioned above, plasma fibrinogen level is just only supporting information. I believe that the cases with high plasma fibrinogen levels but early stage without metastasis and R0 resection will follow favorable clinical course and that the cases with low plasma fibrinogen levels but advanced stage with metastasis will follow poor outcome.

Level of interest: An article of limited interest
Quality of written English: Acceptable

Statistical review: Yes, but I do not feel adequately qualified to assess the statistics.

Declaration of competing interests:

I declare that I have no competing interests