

## PEER-REVIEW REPORT

**Name of journal:** World Journal of Gastroenterology

**Manuscript NO:** 35581

**Title:** Endoscopic Papillary Large Balloon Dilatation with Endoscopic Sphincterotomy is a Safe and Effective Technique for Biliary Stone Removal Independent of Timing and Size of Sphincterotomy – An Academic Hepato-Biliary Centre Experience From United Kingdom

**Reviewer's code:** 00053888

**Reviewer's country:** United Kingdom

**Science editor:** Li-Juan Wei

**Date sent for review:** 2017-08-15

**Date reviewed:** 2017-08-15

**Review time:** 7 Hours

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 authors have presented an excellent series of patients with complex &/or very large bile duct stones. They have treated these with ERCP, sphincterotomy & balloon sphincteroplasty. Their results are excellent both in terms of stone extraction & the lack of complications. The manuscript is very well written and deserves publication in its current form.

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**Reviewer's code:** 01559599

**Reviewer's country:** Japan

**Science editor:** Li-Juan Wei

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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

#1: As authors noted in Discussions, the lethal AE of EPLBD is perforation related to distal bile duct stricture. Moreover, distal bile duct stricture may disturb stones evacuation. This means that distal bile duct stricture influences AEs rates of EPLBD as well as success rates of that. This retrospective study has a selection bias in inclusion criteria; patients with distal bile duct stricture might be excluded. Authors should note number of patients with distal bile duct stricture in this study population, and clarify that how many patients with bile duct stones were treated during the same period of this study and how many patients of those had distal bile duct stricture. #2: The rate of pancreatitis after EPLBD is low and safe. Are there any speculations of this phenomenon?

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**Reviewer's code:** 00503834

**Reviewer's country:** Taiwan

**Science editor:** Li-Juan Wei

**Date sent for review:** 2017-08-15

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**Review time:** 12 Days

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 checked="" 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 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 type="checkbox"/> No	

### COMMENTS TO AUTHORS

This manuscript is regarding to endoscopic Papillary Large Balloon Dilatation with Endoscopic Sphincterotomy as a Safe and Effective Technique for Biliary Stone Removal Independent of Timing and Size of Sphincterotomy – An Academic Hepato-Biliary Centre Experience From United Kingdom It is an an observational study, and from UK academic referral centre. It ought to be a high quality center. The quality of study was not solely depends case number or whether it is the first report from Western countries. The credit it provides to our journal depends on what new idea and how deep on exploration in discussion. Post ERCP pancreatitis is a common complication, and it just told us that incidence of pancreatitis was low. It did not clearly define criteria of



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pancreatitis. Also it did not told us whether they demonstrated the pancreatic duct or not. When pancreatic duct was opacified, contrast medium was injected to head only or up to tail. It is very important to the happenings of ERCP-induced pancreatitis. Besides, author did not tell us that why some large CBD stone could be removed with EST only and other need large balloon dilation. Even more some need POC together with EHL. They are the high quality referral center and readers may eagerly to hear their brilliant idea. A deep discussion is suggested by extensive revised manuscript.