

PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

Manuscript NO: 39106

Title: The role of band ligation for secondary prophylaxis of variceal bleeding

Reviewer's code: 02861185

Reviewer's country: Spain

Science editor: Ze-Mao Gong

Date sent for review: 2018-03-30

Date reviewed: 2018-04-07

Review time: 8 Days

SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION	PEER-REVIEWER STATEMENTS
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	<input type="checkbox"/> Accept	Peer-Review:
<input type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language	(High priority)	<input checked="" type="checkbox"/> Anonymous
<input type="checkbox"/> Grade C: Good	polishing	<input type="checkbox"/> Accept	<input type="checkbox"/> Onymous
<input checked="" type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of	(General priority)	Peer-reviewer's expertise on the
<input type="checkbox"/> Grade E: Do not	language polishing	<input type="checkbox"/> Minor revision	topic of the manuscript:
publish	<input type="checkbox"/> Grade D: Rejection	<input checked="" type="checkbox"/> Major revision	<input type="checkbox"/> Advanced
		<input type="checkbox"/> Rejection	<input type="checkbox"/> General
			<input type="checkbox"/> No expertise
			Conflicts-of-Interest:
			<input type="checkbox"/> Yes
			<input type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS

The present study reviews the role of band ligation in secondary prophylaxis of variceal bleeding. In my opinion the review does not add to the current knowledge and does not conclude anything different to what is already stated in guidelines (Baveno). Currently, the role of banding for 2ary prophylaxis is unquestionable as many



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papers/meta-analysis have already shown. So, a 2018 review going deep into differences between banding and a pouppourri of alternative treatments that have already been demonstrated to be inferior, has no interest in my opinion. Band ligation is the best endoscopic strategy for variceal eradication, so the debate is not on banding but on additional therapies improving secondary prophylaxis. In this sense, a more interesting review would be based on the direction where secondary prophylaxis must go besides band ligation. Recent important studies which are not cited in this review, have show the points to improve secondary prophylaxis: - Early TIPS in patients at high-risk of re-bleeding - Addition of simvastatin to band ligation and β -blockers. - HVPG-guided therapy to maximize HVPG decrease: important role of carvedilol. In my opinion the present study does not add anything and forgets important points in secondary prophylaxis. I would refocus the review on secondary prophylaxis rather than on band ligation, this debate has been done many years ago. Minor points to comment: - Mortality of the bleeding episode is 12-16% in most recent studies instead of 20%. It largely depends on the cohort analyzed (proportion of advanced HCC). - β -blockers instead of β blockers.

INITIAL REVIEW OF THE MANUSCRIPT

Google Search:

- ☐ The same title
- ☐ Duplicate publication
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- ☐ No

BPG Search:

- ☐ The same title



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[Y] No

PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

Manuscript NO: 39106

Title: The role of band ligation for secondary prophylaxis of variceal bleeding

Reviewer's code: 00199586

Reviewer's country: Czech Republic

Science editor: Ze-Mao Gong

Date sent for review: 2018-05-05

Date reviewed: 2018-05-12

Review time: 7 Days

SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION	PEER-REVIEWER STATEMENTS
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	<input type="checkbox"/> Accept	Peer-Review:
<input type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language	(High priority)	<input type="checkbox"/> Anonymous
<input type="checkbox"/> Grade C: Good	polishing	<input type="checkbox"/> Accept	<input type="checkbox"/> Onymous
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of	(General priority)	Peer-reviewer's expertise on the
<input type="checkbox"/> Grade E: Do not	language polishing	<input type="checkbox"/> Minor revision	topic of the manuscript:
publish	<input type="checkbox"/> Grade D: Rejection	<input type="checkbox"/> Major revision	<input type="checkbox"/> Advanced
		<input type="checkbox"/> Rejection	<input type="checkbox"/> General
			<input type="checkbox"/> No expertise
			Conflicts-of-Interest:
			<input type="checkbox"/> Yes
			<input type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS

Variceal rebleeding is one of the most serious complications in patient with liver cirrhosis and portal hypertension. Band ligation represents key management of such patients. Manuscript entitled The role of band ligation for secondary prophylaxis of variceal bleeding is well prepared and clearly written. Authors are presenting very

comprehensive overview about the role of band ligation including meta-analyses, systematic reviews and randomized studies. I can agree with message of this article. Some small explanations are required: 1. In literature search according inclusion criteria just patients with liver cirrhosis could be included. But in papers 26 and 27 patients with schistosomiasis are included as well. 2. Carvedilol might be more potent in decreasing portal pressure when compared to conventional NSBB. This could be more discussed by authors. (Lo HG et al 2012: Randomized, controlled trial of carvedilol versus nadolol plus isosorbide mononitrate for the prevention of variceal rebleeding. 3. One more point could be discusses as simvastatin could decrease survival in patients with risk of rebleeding from esophageal varices (Abraldes JG et al Gastroenterology 2016: Addition of Simvastatin to Standard Therapy for the Prevention of Variceal Rebleeding Does Not Reduce Rebleeding but Increases Survival in Patients with Cirrhosis.) The information provided by this article is very useful and it deserves to be published.

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BPG Search:

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PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

Manuscript NO: 39106

Title: The role of band ligation for secondary prophylaxis of variceal bleeding

Reviewer's code: 02904354

Reviewer's country: China

Science editor: Ze-Mao Gong

Date sent for review: 2018-05-05

Date reviewed: 2018-05-13

Review time: 8 Days

SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION	PEER-REVIEWER STATEMENTS
<input type="checkbox"/> Grade A: Excellent	<input checked="" type="checkbox"/> Grade A: Priority publishing	<input type="checkbox"/> Accept	Peer-Review:
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SPECIFIC COMMENTS TO AUTHORS

Triantos and his colleagues did a comprehensive review evaluating the role of secondary prevention of variceal rebleeding. I recommend its potential publication. However, a recent advance should be further discussed in the review. The authors cited an important meta-analysis paper (Albillos A, Zamora J, Martinez J, Arroyo D, Ahmad I,

De-laPena J, et al. Stratifying risk in the prevention of recurrent variceal hemorrhage: results of an individual patient meta-analysis. *HEPATOLOGY* 2017;66:1219-1231). The authors correctedly mentioned the words "in compensated patients the combination therapy was more effective in preventing rebleeding but had no influence in mortality rates [23]. In decompensated patients, band ligation alone demonstrated an increased risk of rebleeding and mortality compared to combination therapy [23]". In my opinion, this point deserves further discussion. Albillos et al. found that additional use of EVL might have a higher mortality (incidence rate ratio, 1.40; 95% confidence interval [95% CI], 0.87-2.27) and risk of all-source rebleeding (incidence rate ratio, 1.36; 95% CI, 0.87-2.14) and variceal rebleeding (incidence rate ratio, 1.24; 95% CI, 0.75-2.05) in patients with Child-Pugh class B/C who received NSBBs; but the difference was not statistically significant. Additionally, in a randomized controlled trial (Villanueva C, Graupera I, Aracil C, Alvarado E, Minana J, Puente A, et al. A randomized trial to assess whether portal pressure guided therapy to prevent variceal rebleeding improves survival in cirrhosis. *HEPATOLOGY* 2017;65:1693-1707.), which was not cited in the present review, Villanueva et al. found that the hemodynamic response-guided therapy group had a significantly lower risk of rebleeding (hazard ratio, 0.53; 95% CI, 0.29-0.98), further decompensation (hazard ratio, 0.68; 95% CI, 0.46-0.99), and mortality (hazard ratio, 0.59; 95% CI, 0.35-0.99) than the conventional treatment group. Notably, in the hemodynamic response-guided therapy group, hemodynamic responders and nonresponders received NSBB alone and in combination with EVL, respectively; by comparison, in the conventional treatment group, all patients received a combination of NSBB and EVL. Thus, it might be reasonable to conclude that additional EVL would not be beneficial for improving the outcomes if there was no hemodynamic response to NSBB. These considerations had been discussed in a recent correspondence (Qi X, Méndez-Sánchez N, Mancuso A, Romeiro FG, Guo X. Who should receive endoscopic variceal ligation after



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recovering from acute variceal bleeding? Hepatology. 2018 May;67(5):2057-2058.). They should be further added. These considerations suggested the insufficient role of EVL in secondary prevention of variceal bleeding. They should be discussed.

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