

## PEER-REVIEW REPORT

**Name of journal:** World Journal of Gastrointestinal Endoscopy

**Manuscript NO:** 45563

**Title:** ERCP lights and shadows: handle with care

**Reviewer's code:** 01551432

**Reviewer's country:** Japan

**Science editor:** Jin-Lei Wang

**Date sent for review:** 2019-01-07

**Date reviewed:** 2019-01-11

**Review time:** 6 Hours, 4 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 checked="" 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 checked="" 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 checked="" type="checkbox"/> General
			<input type="checkbox"/> No expertise
			Conflicts-of-Interest:
			<input type="checkbox"/> Yes
			<input checked="" type="checkbox"/> No

### SPECIFIC COMMENTS TO AUTHORS

Dear authors Thank you for submitting your review manuscript in WJG. The manuscript is well written, very nice and compactly summarized on clinical informations of ERCP. Please revise it as the followings for the better understandings of the readers of WJG. First, add one or some schematic figures that explains the relationships of the



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therapoutic techniques with ERCP. Second, add the typical figures or pictures of the cases that you or your colleagues have experienced to date. Third, add some or several Tables summarized the informations with many manuscripts you referred for all each sections. If possible, add the new statistical analysis with the data you have experienced to date. Acutually, why don't you decrive this important subjects? Forth, change "Closing remarks" into "Conclusions". Needs revisions of the "Conclusions" section suitable for publication of the manuscript. Lastly, what can you get new evidences on ERCP techniques throuth this present submission? Describe it or them in short terms or sentense(s). Sufficient literature review is needed and important, I think. If you have time, please read the manuscript only as references. J Gastroenterol Hepatol. 2011;26(12):1709-16. WJG 2010, 16(44):5543-54 WJG 2009, 15(2):231-239

## **INITIAL REVIEW OF THE MANUSCRIPT**

### ***Google Search:***

- ☐ The same title
- ☐ Duplicate publication
- ☐ Plagiarism
- ☐ [ Y ] No

### ***BPG Search:***

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- ☐ Duplicate publication
- ☐ Plagiarism
- ☐ [ Y ] No

## PEER-REVIEW REPORT

**Name of journal:** World Journal of Gastrointestinal Endoscopy

**Manuscript NO:** 45563

**Title:** ERCP lights and shadows: handle with care

**Reviewer's code:** 03730829

**Reviewer's country:** Egypt

**Science editor:** Jin-Lei Wang

**Date sent for review:** 2019-01-07

**Date reviewed:** 2019-01-12

**Review time:** 1 Hour, 5 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 checked="" 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 checked="" 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 checked="" type="checkbox"/> Advanced
		<input type="checkbox"/> Rejection	<input type="checkbox"/> General
			<input type="checkbox"/> No expertise
			Conflicts-of-Interest:
			<input type="checkbox"/> Yes
			<input checked="" type="checkbox"/> No

### SPECIFIC COMMENTS TO AUTHORS

I suggest acceptance of the article; it fits into the mission of the journal and I recommend it for publication in your respectable journal. This is an interesting review article and summarizes the current knowledge about ERCP and its role as both diagnostic and therapeutic maneuver and the new advances in the near future.



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- ☐ Plagiarism
- ☐ No

## PEER-REVIEW REPORT

**Name of journal:** World Journal of Gastrointestinal Endoscopy

**Manuscript NO:** 45563

**Title:** ERCP lights and shadows: handle with care

**Reviewer's code:** 04091933

**Reviewer's country:** Russia

**Science editor:** Jin-Lei Wang

**Date sent for review:** 2019-01-07

**Date reviewed:** 2019-01-14

**Review time:** 7 Hours, 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 checked="" 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 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 checked="" 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 checked="" type="checkbox"/> General
			<input type="checkbox"/> No expertise
			Conflicts-of-Interest:
			<input type="checkbox"/> Yes
			<input checked="" type="checkbox"/> No

### SPECIFIC COMMENTS TO AUTHORS

The review is well structured and includes a highly professional look at the clinical perspectives of ERCP and can certainly be recommended for publication. However, a minor revision is required. In the 'Management of "difficult" choledocolithiasis' Section it is desirable to add some links to the most recent papers, for example, Hakuta R., Koike



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K. (Tokyo), etc. In 'Safety in ERCP: prevention of complications and infections' Section it is advisable to add data on other important complications, such as ERCP-related perforations, bleeding, and perhaps less common and rare adverse events of ERCP. It is also important to show the possibility of early recognition and management of ERCP-related complications, including the use of ASGE grading system for ERCP to predict success and complication rates. Abbreviation (fcSEMS) should be given together with the full name (fully covered SEMS) at the first appearance in the text.

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##### ***BPG Search:***

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- ☐ No

## PEER-REVIEW REPORT

**Name of journal:** World Journal of Gastrointestinal Endoscopy

**Manuscript NO:** 45563

**Title:** ERCP lights and shadows: handle with care

**Reviewer's code:** 02537403

**Reviewer's country:** Romania

**Science editor:** Jin-Lei Wang

**Date sent for review:** 2019-01-07

**Date reviewed:** 2019-01-18

**Review time:** 19 Hours, 10 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 checked="" 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 checked="" 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
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publish	<input type="checkbox"/> Grade D: Rejection	<input type="checkbox"/> Major revision	<input checked="" type="checkbox"/> Advanced
		<input type="checkbox"/> Rejection	<input type="checkbox"/> General
			<input type="checkbox"/> No expertise
			Conflicts-of-Interest:
			<input type="checkbox"/> Yes
			<input checked="" type="checkbox"/> No

### SPECIFIC COMMENTS TO AUTHORS

This review focus on the role of ERCP that changed over the last decades from a diagnostic tool to a therapeutic technique, and emphasize the progress achieved with ERCP maneuver, increasing both the diagnostic and therapeutic fields of its use. The authors remark that some crucial dilemmas such as the best way to treat difficult



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choledocolithiasis and to reduce complications (e.g. acute pancreatitis) have been partially managed. Additionally, the paper reveals that practices such as the use of self expandable metal stents changed the treatment of malignant biliopancreatic strictures, while the best modality of treating benign stricture is still debated. The authors draw attention about FDA alerts about the potential association between multidrug-resistant bacteria and duodenoscopes, which led to improvements of endoscopic devices. Regarding the issue of sedation in endoscopy, the review concludes that, although it has been proved to be safe, there is no endorsement from the anesthesiologists for the administration of propofol by a non-anesthesiologist, which can represent a major limitation in some countries. After the introduction of EUS which developed as an extremely useful diagnostic and therapeutic endoscopic technique, EUS and ERCP are considered complementary maneuvers. Therefore, new approaches in terms of training are needed in the near future, in order to have endoscopists which are experts in both techniques. The manuscript highlights that, because of introducing novel techniques such as ablation treatment, tissue sampling and endoscopic-ultrasound guided ERCP, modern endoscopy of biliopancreatic ducts may help, in conjunction with the particular molecular and genetic features, to propose personalized treatment algorithms for the patients. We can conclude that this paper performs a comprehensive, very well structured overview of the changes that were made over time in ERCP technique; moreover, it adds new information about future perspectives in ERCP, such as introduction of self-expanding biodegradable biliary stents for the treatment of benign biliary strictures, and of drug coated stents (with chemotherapeutics) for the management of advanced cholangiocarcinomas, as well as implementation of personalized treatment, therefore it is very useful for clinicians.

#### INITIAL REVIEW OF THE MANUSCRIPT



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