

## PEER-REVIEW REPORT

**Name of journal:** World Journal of Meta-Analysis

**Manuscript NO:** 46754

**Title:** Endoscopic management of biliary strictures post-liver transplantation

**Reviewer's code:** 03251421

**Reviewer's country:** China

**Science editor:** Fang-Fang Ji

**Reviewer accepted review:** 2019-04-02 01:49

**Reviewer performed review:** 2019-04-02 06:31

**Review time:** 4 Hours

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:
<input type="checkbox"/> Grade B: Very good	<input 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 type="checkbox"/> Minor revision	topic of the manuscript:
publish	<input type="checkbox"/> Grade D: Rejection	<input checked="" 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

Thanks for your hard work in reviewing endoscopic management of biliary stricture in the post-transplant setting. I think further revisions should be finished before acceptance of your manuscript. 1. In the thorough introduction of bile duct strictures, what is your consideration in the order of possible risk factors: the rates or the reasons? I can not



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7041 Koll Center Parkway, Suite  
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**Telephone:** +1-925-223-8242  
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**E-mail:** bpgoffice@wjgnet.com  
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figure out the logics. 2. Only two reasons including T-tube and living/deceased donor were discussed, so what is your consideration? 3. Biliary strictures secondary to liver transplantation have been classified as early ( $\leq 60$ days), middle (60days -1year), and late ( $\geq 1$ year) complications in some studies, and their responses to endoscopic managements differs. To include some descriptions like this may be better for the introduction of Bile Duct Strictures. 4. Can you make a simple flowchart for guiding other endoscopists to manage these patients?

#### **INITIAL REVIEW OF THE MANUSCRIPT**

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

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

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

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

## PEER-REVIEW REPORT

**Name of journal:** World Journal of Meta-Analysis

**Manuscript NO:** 46754

**Title:** Endoscopic management of biliary strictures post-liver transplantation

**Reviewer's code:** 03666697

**Reviewer's country:** Taiwan

**Science editor:** Fang-Fang Ji

**Reviewer accepted review:** 2019-04-02 13:56

**Reviewer performed review:** 2019-04-07 10:15

**Review time:** 4 Days and 20 Hours

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:
<input type="checkbox"/> Grade B: Very good	<input 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 type="checkbox"/> Minor revision	topic of the manuscript:
publish	<input type="checkbox"/> Grade D: Rejection	<input checked="" 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 is a review article reporting endoscopic management of biliary strictures post-liver transplantation. The topic is not new. There are some comments for the authors. 1. In the Introduction section, the authors reported "It is prudent to consider the potential of a malignant obstruction when evaluating strictures in the post-transplant setting (figure

1)". This should be omitted because it has nothing to do with the liver transplantation. 2. In the "Introduction and Conclusion" section, the authors emphasized that "biliary stenosis plays an important role in morbidity and mortality in patients with LT." What is the mortality rate? It is not described in the body of the manuscript. 3. In page 6, the authors determined the patency of the anastomosis as "by evaluating the resistance encountered with antegrade and/or retrograde biliary balloon sweeps across the anastomosis". Is there a definition regarding the diameter of the inflated balloon used to sweep across the anastomosis? In addition, figure 2 should contain two images showing: (a) AS before stenting, and (b) a waist is no longer seen after stenting. 4. There have been many similar articles in the literature. Therefore, it would be better if the authors could report more endoscopic techniques (or in more details) to resolve difficult cases of bile duct stricture. For example: I. SpyGlass cholangioscopy-assisted guidewire placement when the guidewire passage of the strictures site is impossible by conventional methods. II. Balloon-assisted enteroscopy for surgically altered anatomy (such as hepaticojejunostomy mentioned in the Introduction section). III. Rendezvous ERC. Figure 3 should include a series of images that demonstrate the rendezvous ERC process. IV. Any other endoscopic methods to resolve difficult cases of bile duct stricture

## **INITIAL REVIEW OF THE MANUSCRIPT**

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## PEER-REVIEW REPORT

**Name of journal:** World Journal of Meta-Analysis

**Manuscript NO:** 46754

**Title:** Endoscopic management of biliary strictures post-liver transplantation

**Reviewer's code:** 03706560

**Reviewer's country:** United States

**Science editor:** Fang-Fang Ji

**Reviewer accepted review:** 2019-04-02 19:35

**Reviewer performed review:** 2019-04-08 02:29

**Review time:** 5 Days and 6 Hours

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:
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			Conflicts-of-Interest:
			<input type="checkbox"/> Yes
			<input checked="" type="checkbox"/> No

### SPECIFIC COMMENTS TO AUTHORS

This is a narrative review where the authors review the risk factors associated with the development of bile duct strictures in the post-transplant setting along with the efficacy and complications of current endoscopic approaches available for the management of bile duct strictures. Here are my comments on this review: 1) Well, this is an article

sent by invitation and the least expected was that it follows the rules and writing guidelines of the WJGE. This needs to be adjusted. The "Guidelines for Manuscript Preparation and Submission: Review" file needs to be followed. There is an example of submission in the file "Format for Manuscript Submission: Review" 2) This theme is well discussed in the literature and there are numerous publications. We recently have another review, on the same theme, published in March 2019 by Lee DW et al (PMID: 30840808). I would like to know what your review adds to the literature since we already have a review published recently. What's different about your study? 3) In the topic "Anastomotic bile duct strictures": You cite a systematic review by Kao et al 2013 and concluded: "Currently, there is substantial evidence that multiple plastic biliary stents with dilation provide adequate resolution of AS in liver transplant recipients with lower adverse events than SEMs, though, time to resolution may be longer. But this is not the result found in the last published systematic review on the subject. Visconti et al., 2018 (PMID: 30258982) performed a systematic review with meta-analysis including only RCT articles (evidence 1A) and concluded: No difference was observed between the stricture resolution rate (RD: 0.01; 95 %CI [-0.08-0.10]), stricture recurrence (RD: 0.13; 95 %CI [-0.03-0.28]), and adverse events (RD: -0.10; 95 %CI [-0.65-0.44]) between the plastic and metallic stent groups. The metallic stent group demonstrated benefits in relation to the number of ERCPs performed (MD: -1.86; 95 %CI [-3.12 to -0.6]), duration of treatment (MD: -105.07; 95 %CI [-202.38 to -7.76 days]), number of stents used (MD: -10.633; 95 %CI [-20.82 to -0.44]), and cost (average \$8,288.50 versus \$18,580.00, P <0.001). This needs to be reviewed and your discussion updated. 4) Your bibliography uses old and outdated articles. Including a self-citation of 2003 where even articles are updated. Please review this.

#### INITIAL REVIEW OF THE MANUSCRIPT



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7041 Koll Center Parkway, Suite  
160, Pleasanton, CA 94566, USA  
**Telephone:** +1-925-223-8242  
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