PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

Manuscript NO: 56821

Title: Predicting cholecystocholedochal fistulas in patients with Mirizzi syndrome undergoing endoscopic retrograde cholangiopancreatography

Reviewer's code: 00001114

Position: Editor-in-Chief

Academic degree: MD, PhD

Professional title: Chief Doctor

Reviewer's Country/Territory: Japan

Author's Country/Territory: Taiwan

Manuscript submission date: 2020-05-16

Reviewer chosen by: AI Technique

Reviewer accepted review: 2020-05-17 01:28

Reviewer performed review: 2020-05-21 07:59

Review time: 4 Days and 6 Hours

Scientific quality	[ ] Grade A: Excellent [ ] Grade B: Very good [Y] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish
Language quality	[ ] Grade A: Priority publishing [ ] Grade B: Minor language polishing [Y] Grade C: A great deal of language polishing [ ] Grade D: Rejection
Conclusion	[ ] Accept (High priority) [ ] Accept (General priority) [ ] Minor revision [Y] Major revision [ ] Rejection
Re-review	[Y] Yes [ ] No
Peer-reviewer statements	Peer-Review: [Y] Anonymous [ ] Onymous Conflicts-of-Interest: [ ] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

Comments to the Authors: Thank you for allowing me to review the article titled " A Predicting cholecystocholedochal fistulas in patients with Mirizzi syndrome undergoing endoscopic retrograde cholangiopancreatography. " This paper was a retrospective study involving patients diagnosed with Mirizzi syndrome (MS) during the preoperative ERCP examination. Overall, I found this paper to be a valid, well thought-out study. I had a few suggestions on statements in the manuscript that may benefit from further clarification. Major comments #1. The authors concluded that preoperative ERCP findings might aid the diagnosis of Mirizzi syndrome with cholecystocholedochal fistulas. So, the authors should show how many patients could identify cholecystocholedochal fistulas by preoperative ERCP to evaluate the advantage of the study results. Erben et al. (J Am Coll Surg. 2011 Jul;213(1):114-9) and Tan et al. (ANZ J Surg. 2004 Oct;74(10):833-7.) reported that ERCP was useful to identify cholecystocholedochal fistulas but failed to pick up the syndrome in half of the patients. #2, Related to #1, the authors should show the diagnostic approach of MS patients, including other modalities such as MRCP, CT, etc. Please show the preoperative detection rate of cholecystocholedochal fistulas by other modalities. #3. I am interested in how many patients with 3 findings; pus in the common bileduct, gallbladder opacification, and stricture length of CBD less than 2cm had cholecystocholedochal fistulas among patients not to identify fistulas by ERCP alone. The authors should enhance the advantage of those 3 findings. #5. The authors should show complications related to ERCP. Minor comments #1 There are some mistypes, missing an article. In title page and core tip, Mirizzi symdrome In AIMS of the abstract, before cholecystetomy, etc.

PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

Manuscript NO: 56821

Title: Predicting cholecystocholedochal fistulas in patients with Mirizzi syndrome undergoing endoscopic retrograde cholangiopancreatography

Reviewer's code: 03722267

Position: Peer Reviewer

Academic degree: MD

Professional title: Doctor

Reviewer's Country/Territory: Japan

Author's Country/Territory: Taiwan

Manuscript submission date: 2020-05-16

Reviewer chosen by: AI Technique

Reviewer accepted review: 2020-05-16 07:56

Reviewer performed review: 2020-05-22 10:13

Review time: 6 Days and 2 Hours

Scientific quality	[ ] Grade A: Excellent [ ] Grade B: Very good [Y] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish
Language quality	[ ] Grade A: Priority publishing [Y] Grade B: Minor language polishing [ ] Grade C: A great deal of language polishing [ ] Grade D: Rejection
Conclusion	[ ] Accept (High priority) [ ] Accept (General priority) [ ] Minor revision [ ] Major revision [Y] Rejection
Re-review	[ ] Yes [Y] No
Peer-reviewer statements	Peer-Review: [Y] Anonymous [ ] Onymous Conflicts-of-Interest: [ ] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

This study is a single-center retrospective study to predict the presence of cholecystocholedochal fistulas in patients with Mirizzi syndrome (MS) undergoing endoscopic retrograde cholangiopancreaticoography. This study is interesting. However, there are several problems with this manuscript. Please see the following comments. Major comments: (1) The sample size of patients with MS and cholecystocholedochal fistulas is small. It may be difficult to determine the factors predicting cholecystocholedochal fistulas in only 21 patients with MS and cholecystocholedochal fistulas. (2) In general, the number of explanation variables available in multivariate logistic regression is the number of event occurrences divided by 10 because the results of the multivariate analysis are unreliable due to excess explanatory variables causing overfitting. In this study, two factors (21 ÷ 10, where 21 is the number of cases with cholecystocholedochal fistulas) can be included in the multivariate logistic regression as explanatory variables. (3) How did the author determine the cutoff of the stricture length of CBD >2cm? (4) In the Discussion section, the authors described that after cholecystocholedochal fistula formation, the gallbladder and cystic duct decompress, and the stricture of the CBD may result from the direct compression by the stone, shortening the stricture length (Figure 3). Therefore, the association between stone size and stricture length of CBD may be important in predicting cholecystocholedochal fistulas in patients with MS. The authors should show the association between stone size and stricture length of CBD as a predicting factor. Minor comments: (1) It is difficult to read the Results section. The author should list the results by headings. (2) Round the numbers to one decimal place (e.g., 6.208 should be revised to 6.2). If the P-value exceeds 0.01, enter no more than two significant digits (e.g., "P = 0.149" should be revised to "P = 0.15").

PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

Manuscript NO: 56821

Title: Predicting cholecystocholedochal fistulas in patients with Mirizzi syndrome undergoing endoscopic retrograde cholangiopancreatography

Reviewer's code: 00504581

Position: Editorial Board

Academic degree: MD, PhD

Professional title: Associate Professor, Attending Doctor, Medical Assistant, Staff Physician

Reviewer's Country/Territory: Spain

Author's Country/Territory: Taiwan

Manuscript submission date: 2020-05-16

Reviewer chosen by: AI Technique

Reviewer accepted review: 2020-05-16 14:54

Reviewer performed review: 2020-05-24 16:52

Review time: 8 Days and 1 Hour

Scientific quality	[ ] Grade A: Excellent [Y] Grade B: Very good [ ] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish
Language quality	[Y] Grade A: Priority publishing [ ] Grade B: Minor language polishing [ ] Grade C: A great deal of language polishing [ ] Grade D: Rejection
Conclusion	[ ] Accept (High priority) [ ] Accept (General priority) [Y] Minor revision [ ] Major revision [ ] Rejection
Re-review	[Y] Yes [ ] No
Peer-reviewer	Peer-Review: [Y] Anonymous [ ] Onymous

| statements | Conflicts-of-Interest: [   ] Yes   [Y] No |

SPECIFIC COMMENTS TO AUTHORS

This is a retrospective and relatively large study of MS patients, diagnosed and treated by ERCP- This interesting paper give us important clues for the diagnosis of severity of MS, because of the presence of a biliary fistula However, there is some missing information that the authors should include in this paper to improve the   information Firstly the authors do not speak about the diagnostic tools of MS in their cohort of patients, and specifically about the role of Magnetic resonance cholangiopancreatography (MRCP) as a diagnostic tool before the ERCP. Could you comment on something about what information did you get with the MRCP before the ERCP procedure? Did MRCP help you in the diagnosis of the presence of a biliary fistula? The second one "… (18 patients received endoscopic nasobiliary drainage and 99 patients received endoscopic retrograde biliary drainage)." Could you give us more information about the types of endoscopic retrograde biliary drainage employed, are you talking about plastic stents (size?) covert metal stent (size?), could you give as more information about the final endoscopic outcome. Did the therapeutic ERCP resolve some MS without biliary fistula? It would be interesting to add some information about the final surgical outcome (when the patients were operated, what type of surgeries were performed and so on) These two paragraphs seem to say the opposite "… a stricture length longer than 2 cm at the CBD is another important endoscopic finding in MS patients without a fistula. …… Theoretically, the stricture length of the CBD is longer in MS patients with a cholecystocholedochal fistula. "   Could you write more clearly please?

PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

Manuscript NO: 56821

Title: Predicting cholecystocholedochal fistulas in patients with Mirizzi syndrome undergoing endoscopic retrograde cholangiopancreatography

Reviewer's code: 01799105

Position: Peer Reviewer

Academic degree: MD

Professional title: Professor

Reviewer's Country/Territory: Turkey

Author's Country/Territory: Taiwan

Manuscript submission date: 2020-05-16

Reviewer chosen by: AI Technique

Reviewer accepted review: 2020-05-17 08:21

Reviewer performed review: 2020-05-26 20:28

Review time: 9 Days and 12 Hours

Scientific quality	[Y] Grade A: Excellent [ ] Grade B: Very good [ ] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish
Language quality	[Y] Grade A: Priority publishing [ ] Grade B: Minor language polishing [ ] Grade C: A great deal of language polishing [ ] Grade D: Rejection
Conclusion	[ ] Accept (High priority) [ ] Accept (General priority) [Y] Minor revision [ ] Major revision [ ] Rejection
Re-review	[ ] Yes [Y] No
Peer-reviewer statements	Peer-Review: [Y] Anonymous [ ] Onymous Conflicts-of-Interest: [ ] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

This is an original study examining the performance of ERCP to differentiate two types of MS. It is concise, well-designed, and well-written, Minor points: 1) The authors should clarify this sentence: "18 patients received endoscopic nasobiliary drainage and 99 patients received endoscopic retrograde biliary drainage)". 2) The part related to duodenal ulcers in MS is not-withstanding. It and relevant references should be deleted.

Scientific quality	[ ] Grade A: Excellent [Y] Grade B: Very good [ ] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish
Language quality	[Y] Grade A: Priority publishing [ ] Grade B: Minor language polishing [ ] Grade C: A great deal of language polishing [ ] Grade D: Rejection
Conclusion	[ ] Accept (High priority) [Y] Accept (General priority) [ ] Minor revision [ ] Major revision [ ] Rejection
Peer-reviewer statements	Peer-Review: [Y] Anonymous [ ] Onymous Conflicts-of-Interest: [ ] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

Thank you for giving me the opportunity to review the revised manuscript: "Predicting cholecystocholedochal fistulas in patients with Mirizzi syndrome undergoing endoscopic retrograde cholangiopancreatography" by Dr. Chi-Huan Wu. I have read through the revised manuscript as well as the author's response to the reviewer's inquiries and found that the authors successfully revised the paper. Thank you.