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PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

Manuscript NO: 57608

Title: Older Age, Longer Procedures and Tandem Endoscopic-Ultrasound as Risk Factors for Post-ERCP Bacteremia

Reviewer's code: 05190195
Position: Peer Reviewer
Academic degree: MD
Professional title: Doctor
Reviewer's Country/Territory: Italy
Author's Country/Territory: Israel

Manuscript submission date: 2020-06-18
Reviewer chosen by: AI Technique
Reviewer accepted review: 2020-06-23 08:43
Reviewer performed review: 2020-06-24 12:28
Review time: 1 Day and 3 Hours

Scientific quality	[ ] Grade A: Excellent [ ] Grade B: Very good [Y] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish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) [ ] 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

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SPECIFIC COMMENTS TO AUTHORS

Dear authors In this paper the authors demonstrated in a large retrospective cohort how some factors influence the outcome of ercp, and in particular the incidence of bacteremia and therefore of sepsis. In particular, advanced age, the tandem use of eus and ercp and the long duration of ercp are related to an increased incidence of bacteriemia. First of all although the clinical impact of these results is significant, in the literature there are many studies that analyze these points and therefore the results that emerged are not so original. Secondly, this study highlights how the attitude towards the use of antibiotics is still very heterogeneous and sometimes based to operator's discretion. I would have some major comments: 1. were the tests performed by the same operator? with what experience? have different operators had different outcomes? 2. co-morbidities were not considered in patient selection. It has been shown that these, particularly cirrhosis, have a role in 3. post procedural infections and can therefore influence the outcome. I suggest to take them into consideration and investigate how they affect the incidence of post procedural bacteremia 3. The prophylactic use of pancreatic stents and nasobiliary tubes has not been documented. It has been shown that both positively influence the incidence of post-ercp infectious complications. If data are available, they should be evaluated. 4. The same for laboratory tests: pre-procedural leukocytosis and albumin levels seem to be correlated with the outcome 5. On the basis of these comments references list should be updated Finally I would have one minor comment on the flow-chart: 1. in the last line the sum of the patients (65 and 33) is not 84 as is in the previous line. Please correct and modify if needed.

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Name of journal: World Journal of Gastroenterology

Manuscript NO: 57608

Title: Older Age, Longer Procedures and Tandem Endoscopic-Ultrasound as Risk Factors for Post-ERCP Bacteremia

Reviewer's code: 02536337
Position: Peer Reviewer
Academic degree: PhD

Professional title: Professor

Reviewer's Country/Territory: China

Author's Country/Territory: Israel

Manuscript submission date: 2020-06-18

Reviewer chosen by: AI Technique

Reviewer accepted review: 2020-06-26 03:03

Reviewer performed review: 2020-07-01 13:51

Review time: 5 Days and 10 Hours

Scientific quality	[ ] Grade A: Excellent [ ] Grade B: Very good [Y] 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 statements	Peer-Review: [Y] Anonymous [ ] Onymous Conflicts-of-Interest: [ ] Yes [Y] No

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SPECIFIC COMMENTS TO AUTHORS

Minor comments: 1. The patients with acute cholangitis before ERCP should be excluded. 2. Blood routine and biochemistry should be evaluated.