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## PEER-REVIEW REPORT

Name of journal: World Journal of Gastrointestinal Endoscopy

Manuscript NO: 65929

Title: Endoscopic ultrasound-guided biliary drainage- current status and future

perspectives

Reviewer's code: 03713621 Position: Peer Reviewer Academic degree: MD

Professional title: Doctor

**Reviewer's Country/Territory:** Italy

Author's Country/Territory: Bulgaria

Manuscript submission date: 2021-03-19

Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-03-26 07:44

Reviewer performed review: 2021-03-26 12:06

**Review time:** 4 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Scientific quality	[ ] Grade A: Excellent [ ] Grade B: Very good [Y] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish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 [ Y] Major revision [ ] Rejection
Re-review	[ ]Yes [Y]No
Peer-reviewer statements	Peer-Review: [Y] Anonymous [ ] Onymous  Conflicts-of-Interest: [ ] Yes [Y] No



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## SPECIFIC COMMENTS TO AUTHORS

This is a minireview about the EUS- guided biliary drainage. The EUS-BD TECHNIQUES section is too narrative about the history of the first performed cases. There are no LAMS images and the EUS-guided choledoco-duodenostomy perfomed with uSEMS (fig 6D) is pretty inappropriate! Dedicated stent for EUS-HGS are aviailabe on the market (Giobor stent) and sholud be named in ther text. According to literature, EUS-guided rendezvous technique is actually the preferred technique and it should be cited in the conclusion. One mandatory issue never reported is this minireview is the operator's background: transmural EUS drainage should be performed only by endoscopist trained in ERCP and EUS! Some part/lines belongs to published paper.



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## PEER-REVIEW REPORT

Name of journal: World Journal of Gastrointestinal Endoscopy

Manuscript NO: 65929

Title: Endoscopic ultrasound-guided biliary drainage- current status and future

perspectives

Reviewer's code: 05123483 Position: Peer Reviewer Academic degree: MD

Professional title: Academic Fellow, Surgeon

**Reviewer's Country/Territory:** Italy

Author's Country/Territory: Bulgaria

Manuscript submission date: 2021-03-19

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Reviewer accepted review: 2021-03-21 12:49

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**Review time:** 14 Days and 6 Hours

Scientific quality	[ ] Grade A: Excellent [ ] Grade B: Very good [ ] Grade C: Good [ Y] 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 [ Y] Major revision [ ] Rejection
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## SPECIFIC COMMENTS TO AUTHORS

First of all I would like to thank the editorial team for giving me the opportunity to review this work about EUS- guided biliary drainage. The paper is a review which summarizes the state of the art and the evolution of the different techniques from their introduction until now. I have some major critiques and I would suggest the follow: -The EUS-BD TECHNIQUES section is hard to follow, too long and unstructured. The description of the various techniques should be shorter, more fluid and always follow the same pattern: description of the technique, indication and mode of execution. - I would add a summary figure describing the different approaches so that the reader understands better - I would indicate when to prefer one to the other technique - the paragraph "CAN EUS-BD REPLACE ERCP AS A PRIMARY TREATMENT MODALITY? is unstructured. The list of various RCTs and meta-analyses is too long and difficult for the reader to follow. Even if the article is systematic it is difficult to digest and you make a list of the various works with a too detailed and dispersive description. - The discussion paragraph is missing. You should add it and report the authors' opinions and comments in light of the various papers reported. - You should mention the Giobor stent for EUS-HGS.