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PEER-REVIEW REPORT

Name of journal: *World Journal of Gastroenterology*

Manuscript NO: 73910

Title: Evaluating the accuracy of American Society for Gastrointestinal Endoscopy guidelines in patients with acute gallstone pancreatitis with choledocholithiasis

Provenance and peer review: Invited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 00503834
Position: Editorial Board
Academic degree: MD
Professional title: Associate Professor, Attending Doctor
Reviewer's Country/Territory: Taiwan
Author's Country/Territory: United States

Manuscript submission date: 2021-12-10

Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-12-13 03:33

Reviewer performed review: 2021-12-18 08:20

Review time: 5 Days and 4 Hours

Scientific quality	[ ] Grade A: Excellent [Y] Grade B: Very good [ ] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish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
Re-review	[ ] Yes [Y] No

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Peer-reviewer statements	Peer-Review: [Y] Anonymous [ ] Onymous Conflicts-of-Interest: [ ] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

1. Congratulation. Good discussion. 2. The paper arouse physician to think the meaning of Guideline and how to face the discordant between the Guideline and clinical settings. 3.ERCP was superior than MRCP in diagnosis and treatment. 4. In low developed and developing country, Doctor's salary was usually low and ERCP was usually the first choice.

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Provenance and peer review: Invited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 03474794
Position: Peer Reviewer
Academic degree: MD, PhD
Professional title: Deputy Director
Reviewer's Country/Territory: Japan
Author's Country/Territory: United States

Manuscript submission date: 2021-12-10

Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-12-19 12:25

Reviewer performed review: 2021-12-30 15:15

Review time: 11 Days and 2 Hours

Scientific quality	[ ] Grade A: Excellent [Y] Grade B: Very good [ ] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish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) [ ] Minor revision [Y] Major revision [ ] Rejection
Re-review	[ ] Yes [Y] No

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Peer-reviewer statements	Peer-Review: [Y] Anonymous [ ] Onymous Conflicts-of-Interest: [ ] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

Dr. Tintara et al. describe the accuracy of ASGE guideline 2010 and 2019 to detect choledocholithiasis in patients with acute gallstone pancreatitis (AGP). They also compare between two guidelines and the new one allows us to detect intact bile duct, probably contributing to avoid unnecessary ERCP. The study is very important and should be known to readers. However, there are several concerns to be considered. Major revisions 1. According to the Patient Characteristics, 77 patients with AGP were removed because of direct cholecystectomy without MRCP or ERCP. Why did they undergo cholecystectomy without checking up the probability of choledocholithiasis even they might have choledocholithiasis? Is would be dangerous if they had choledocholithiasis which might cause the recurrence of AGP. 2. In the Table 3 showing patient demographics, the existence of gallstone as a parameter should be necessary. 3. Please describe sensitivity and specificity of Intermediate-risk and High-risk stratifications to detect choledocholithiasis when using ASGE 2010 and 2019 guidelines. 4. Some patients with Intermediate-Risk underwent direct ERCP and did not detect choledocholithiasis. Have they received EUS to detect choledocholithiasis before ERCP? We usually perform EUS prior to ERCP in case of ambiguous existence of choledocholithiasis. If not, please mention the efficacy of EUS to avoid unnecessary ERCP in the Discussion. 5. Please describe the reasons of readmission. Did they readmit due to the recurrence of choledocholithiasis or AGP? If so, the number is too many also. 6. As the authors say in the Study Groups and Outcomes of Interest, it is impossible to detect Low-Risk category of choledocholithiasis in the study design. Therefore, please modify the description in the Discussion mentioning “no patients were

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considered low risk". Minor revisions 1. In the last sentence of the Abstract, "One intermedicate-group" should be "One intermediate-group".