



PEER-REVIEW REPORT

Name of journal: *World Journal of Gastroenterology*

Manuscript NO: 74128

Title: Digital single-operator video cholangioscopy improves endoscopic management in patients with primary sclerosing cholangitis - a retrospective observational study

Provenance and peer review: Invited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 05548635

Position: Peer Reviewer

Academic degree: MD

Professional title: Academic Fellow

Reviewer's Country/Territory: Italy

Author's Country/Territory: Germany

Manuscript submission date: 2022-01-02

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-01-11 08:29

Reviewer performed review: 2022-01-19 23:10

Review time: 8 Days and 14 Hours

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input checked="" type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Language quality	<input type="checkbox"/> Grade A: Priority publishing <input checked="" type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
Conclusion	<input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input checked="" type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
Re-review	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No



Peer-reviewer statements	Peer-Review: [<input checked="" type="checkbox"/>] Anonymous [<input type="checkbox"/>] Onymous Conflicts-of-Interest: [<input type="checkbox"/>] Yes [<input checked="" type="checkbox"/>] No
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SPECIFIC COMMENTS TO AUTHORS

This is a single-center, retrospective, observational trial which describes the endoscopic experience with spyglass (digital cholangioscopy) in primary sclerosing cholangitis. Endoscopic management in PSC is complex, because standard procedures for stricture management, cholangiocarcinoma detection and so on should be put in the context of a rare disease with heterogenous phenotype. Therefore, it is positive to see studies that try to advance the field and add evidence. Yet, as authors correctly mention, their work is limited by the small sample size and lack of validation, since most of their findings could not be 100% safely taken for granted since this is a single center experience (although being an expert one). Some comments: -double check misspells -how many cholangioscopy have followed a previous traditional cholangiography within the same endoscopic section? there might be some bias related to the number of cholangitis post-ERC -authors should comment why they avoided also anti-reflux stenting to prevent cholangitis - on top of stenting vs dilation -were the 6 patients that received indomethacin those who had sphinterectomy? -please add accuracy together with sensitivity specificity ppv and npv -what is the reference gold standard to which sn,sp,ppv,npv are referenced to? this for stricture diagnosis and for malignancy within strictures -could authors comment on cost of cholangioscopy: if it is superior for the detection of common bile duct stones, is it cost-effective even in MRCP-negative cases? -authors claim that "Our study is the first to evaluate the use of digital SOVC in patients with PSC". This might be true as regards digital SOVC, not cholangioscopy in general. "Spyglass single-operator peroral cholangioscopy seems promising in the evaluation of primary sclerosing cholangitis-related biliary strictures" evaluated safety and feasibility



**Baishideng
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Group**

7041 Koll Center Parkway, Suite
160, Pleasanton, CA 94566, USA
Telephone: +1-925-399-1568
E-mail: bpgoffice@wjgnet.com
https://www.wjgnet.com

of cholangioscopy in PSC "Prospective evaluation of the clinical utility of single-operator peroral cholangioscopy in patients with primary sclerosing cholangitis" evaluated cholangioscopy in PSC Authors should also specify better what "the use" mean in the sentence.



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Peer-review model: Single blind

Reviewer's code: 03479389

Position: Associate Editor

Academic degree: MD, PhD

Professional title: Associate Professor, Director

Reviewer's Country/Territory: Japan

Author's Country/Territory: Germany

Manuscript submission date: 2022-01-02

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-01-29 10:38

Reviewer performed review: 2022-01-29 11:41

Review time: 1 Hour

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input checked="" type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Language quality	<input type="checkbox"/> Grade A: Priority publishing <input checked="" type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
Conclusion	<input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input checked="" type="checkbox"/> Major revision <input type="checkbox"/> Rejection
Re-review	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No



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Peer-reviewer statements	Peer-Review: [<input checked="" type="checkbox"/>] Anonymous [<input type="checkbox"/>] Onymous Conflicts-of-Interest: [<input type="checkbox"/>] Yes [<input checked="" type="checkbox"/>] No
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SPECIFIC COMMENTS TO AUTHORS

Were the 4 cases diagnosed as malignant by SOVC-guided biopsy diagnosed by the initial examination? If they were diagnosed as malignant on the initial examinations, they may have been bile duct cancer rather than PSC. Also, please explain the location of these biliary strictures. Did you distinguish IgG4-related sclerosing cholangitis?



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Peer-review model: Single blind

Reviewer's code: 05122737

Position: Peer Reviewer

Academic degree: MD

Professional title: Doctor

Reviewer's Country/Territory: Japan

Author's Country/Territory: Germany

Manuscript submission date: 2022-01-02

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-02-01 23:35

Reviewer performed review: 2022-02-08 03:41

Review time: 6 Days and 4 Hours

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Language quality	<input type="checkbox"/> Grade A: Priority publishing <input checked="" type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
Conclusion	<input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input checked="" type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
Re-review	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No



Peer-reviewer statements	Peer-Review: [<input type="checkbox"/>] Anonymous [<input checked="" type="checkbox"/>] Onymous Conflicts-of-Interest: [<input type="checkbox"/>] Yes [<input checked="" type="checkbox"/>] No
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SPECIFIC COMMENTS TO AUTHORS

Thank you for giving me the opportunity to review this interesting article. Bokemeyer A et al. conducted a retrospective observational study regarding digital single-operator video cholangioscopy (SOVC) for the endoscopic management of patients with PSC. Overall, this paper is well-written and informative for readership of the journal because PSC is a relatively rare disease and endoscopic treatment is often difficult for PSC patients. I would like to point out some minor issues and attach the Reviewer's comments as below.

1. I think the importance of this study is to clarify the usefulness of SOVC for patients with PSC. Therefore, I recommend changing the sentence of the aim of this study; from 'To investigate the use of recently introduced ~' to 'To clarify the utility of recently introduced ~', for example.
2. Insertion of the SpyGlass requires prior or simultaneous EST. But, after EST, reflux cholangitis frequently occurs in patients with PSC. Therefore, I think that the indication for SVOC is very important. During the study period, how many patients with PSC did you perform ERCP? What percentage of patients with PSC required SOVC? How do you think the indication of SVOC for patients with PSC? I think it is not necessarily to perform SVOC in all PSC patients.
3. The authors described in the manuscript that endoprotheses were placed in 10.9% of examinations (Table 2). But, in Table 2, endoprosthesis placement was 0%. Which is correct?
4. Patients with PSC frequently have multiple stenoses and dilatations in biliary tracts. Indeed, the authors described that the most common site of biliary stricture was intrahepatic bile duct (59.1%). Is it possible to advance SpyGlass to intrahepatic stricture site and evaluate the stricture adequately in all patients? How did you maneuver these difficult procedures? You should show



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technical tips, if possible. 5. In table 5, biliary stones were successfully extracted in all 8 patients. However, complete extraction of intrahepatic stones is sometimes very difficult due to the distal biliary stricture especially in patients with PSC. How did you extract all intrahepatic stones? You should describe how to overcome these difficulties in more detail.



RE-REVIEW REPORT OF REVISED MANUSCRIPT

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Position: Associate Editor

Academic degree: MD, PhD

Professional title: Associate Professor, Director

Reviewer's Country/Territory: Japan

Author's Country/Territory: Germany

Manuscript submission date: 2022-01-02

Reviewer chosen by: Jia-Ru Fan

Reviewer accepted review: 2022-03-25 11:00

Reviewer performed review: 2022-03-26 00:50

Review time: 13 Hours

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input checked="" type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Language quality	<input checked="" type="checkbox"/> Grade A: Priority publishing <input type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
Conclusion	<input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input checked="" type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
Peer-reviewer	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous



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

SPECIFIC COMMENTS TO AUTHORS

Please describe the period from the first ERCP performed for PSC diagnosis to the SOVC. In particular, I am concerned about the period until the diagnosis of 4 cases diagnosed with bile duct cancer.