

**Name of Journal:** *World Journal of Gastroenterology*

**Ms:** wjg/2012/034005

**Title:** Endoscopic retrograde cholangiopancreatography (ERCP) with rendezvous cannulation reduces pancreatic injury.

**Reviewer code:** 0019237

**Science editor:** Nan - Nancy

**Date sent for review:** 2012-09-11 22:58:31.0

**Date reviewed:** 2012-09-16 18:33:27.0

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A (Excellent)	<input type="checkbox"/> Grade A: priority publishir	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B (Very good)	<input type="checkbox"/> Grade B: minor language	<input type="checkbox"/> Existed	<input type="checkbox"/> Reject
<input type="checkbox"/> Grade C (Good)	polishing	<input type="checkbox"/> No records	<input type="checkbox"/> Withdraw
<input type="checkbox"/> Grade D (Fair)	<input type="checkbox"/> Grade C: a great deal of	WJG Search:	
<input type="checkbox"/> Grade E (Poor)	language polishing	<input type="checkbox"/> Existed	
	<input type="checkbox"/> Grade D: rejected	<input type="checkbox"/> No records	

## COMMENTS

CONFIDENTIAL COMMENTS TO EDITOR: The data in this paper is comparatively new. As a clinical study, the sampling and grouping are appropriate. The weakness of the study is prospective design and too profession to adapt the readers of this journal. Classification of the manuscript: B  
Language evaluation: A  
COMMENTS TO AUTHORS: One-stage approach using the so-called laparoendoscopic rendezvous (LERV) technique is recently present for the management of gallstone disease to replace the conventional 2-stage approach i.e. endoscopic retrograde cholangiopancreatography (ERCP) /common bile duct (CBD) clearance followed by laparoscopic cholecystectomy. It is suggested that LERV can reduce the hospital stay and the risk of post- ERCP pancreatitis in comparison with the conventional approach. In this manuscript, the authors try to prove LERV is associated with less pancreatic damage, measured as leakage of proenzymes, than conventional ERCP. As only a few papers have been published in this topic, this paper can provide additional data for the accumulation of the knowledge in this field. There is a problem about the study. The prospective design opens for selection bias, which weakens the power of the conclusion.

## WITHDRAW

*Letter from the author*

*Comments of science editors*

*Comments of editorial office*



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*Comments of editor-in-chief*

**Name of Journal:** *World Journal of Gastroenterology*

**Ms:** wjg/2012/034005

**Title:** Endoscopic retrograde cholangiopancreatography (ERCP) with rendezvous cannulation reduces pancreatic injury.

**Reviewer code:** 0014180

**Science editor:** Nan - Nancy

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**Date reviewed:** 2012-09-22 00:08:39.0

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A (Excellent)	<input type="checkbox"/> Grade A: priority publishir	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B (Very good)	<input type="checkbox"/> Grade B: minor language	<input type="checkbox"/> Existed	<input type="checkbox"/> Reject
<input type="checkbox"/> Grade C (Good)	polishing	<input type="checkbox"/> No records	<input type="checkbox"/> Withdraw
<input type="checkbox"/> Grade D (Fair)	<input type="checkbox"/> Grade C: a great deal of	WJG Search:	
<input type="checkbox"/> Grade E (Poor)	language polishing	<input type="checkbox"/> Existed	
	<input type="checkbox"/> Grade D: rejected	<input type="checkbox"/> No records	

## COMMENTS

CONFIDENTIAL COMMENTS TO EDITOR: The manuscript is worth publication after minimal revision  
COMMENTS TO AUTHORS: \* It is a good study indicating the superiority of laparoscopic-ERCP rendezvous technique in decreasing the risk of PEP. It is well-written. \* The authors have clearly pointed to the limitation of the study in the last Para P13 and the first Para P14 \* Another disadvantage could be represented by the none availability of an experienced endoscopist at the time of surgery when a rendezvous procedure was decided \* Additionally the time needed for the endoscopy team to prepare their equipment and to move to the operating theatre would extend the duration of the procedure and the anesthesia \* It is important to discuss these problems and how to deal with

## WITHDRAW

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