



## PEER-REVIEW REPORT

**Name of journal:** World Journal of Gastrointestinal Oncology

**Manuscript NO:** 64447

**Title:** Conservative management of malignant gastric outlet obstruction syndrome - evidence based evaluation of EUS-guided gastroentero-anastomosis.

**Reviewer's code:** 05710028

**Position:** Peer Reviewer

**Academic degree:** MD, PhD

**Professional title:** Associate Professor

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

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

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<b>Scientific quality</b>	<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 Grade E: Do not publish
<b>Language quality</b>	<input type="checkbox"/> Grade A: Priority publishing <input type="checkbox"/> Grade B: Minor language polishing <input checked="" type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
<b>Conclusion</b>	<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
<b>Re-review</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Peer-reviewer statements</b>	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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**Telephone:** +1-925-399-1568  
**E-mail:** bpgoffice@wjgnet.com  
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## SPECIFIC COMMENTS TO AUTHORS

Dear authors, This manuscript regarding GOO focusing on EUS-GE is well-described, however, there are many issues to be concerned.

1. 3rd paragraph in "Motility disorders" part in "ETIOLOGY" section, Authors write "Moreover, alteration of gastric motility could complicate thoracic and abdominal surgery by disruption of the vagus nerve..". What does this sentence mean? Are thoracic and abdominal surgery the causes of gastric dysmotility? This sentence is likely to represent the opposite meaning.
2. 3rd paragraph in "Mechanical obstruction" part in "ETIOLOGY" section, Authors write "However, this figure is probably lower..". The figure is lower than what? Please indicate an object for comparison.
3. 5th paragraph in "Mechanical obstruction" part in "ETIOLOGY" section, The term of "Carcinoids" is incorrect. It should be revised as "neuroendocrine neoplasms". Table 1 also should be revised.
4. 3rd paragraph in "CLINICAL MANIFESTATIONS AND DIAGNOSIS" section, Authors write "gastric lumen full of ingest..". "ingest" is an uncountable noun, isn't it?
5. 4th paragraph in "CLINICAL MANIFESTATIONS AND DIAGNOSIS" section, "may be difficult to diagnose with endoscopic biopsies" should be revised as "..difficult to be diagnosed..".
6. The heading of "MANGEMENT OF MALIGNANT GOO" has a spelling error. "MANAGEMENT" is correct.
7. 2nd paragraph in "EUS-GUIDED GASTROENTEROSTOMY (EUS-GE)" section, Can LAMS really be used for EUS-guided hepaticogastrostomy (EUS-HGS)? I think LAMS cannot be used in EUS-HGS because of intervening liver parenchyma between intrahepatic bile duct and stomach. On the contrary, LAMS is useful for EUS-guided choledochoduodenostomy (EUS-CDS) gallbladder drainage.
8. 4th paragraph in "EUS-GUIDED GASTROENTEROSTOMY (EUS-GE)" section, "peri-gastrc varices" is incorrect in spelling. Please revised as "peri-gastric".
9. 3rd paragraph in "Pre-operative



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management" part in "EUS-GUIDED GASTROENTEROSTOMY (EUS-GE)" section, Authors write "large amount of ingests". "ingest" is an uncountable noun, isn't it? 10. In "Anterograde EUS-GE-the "rendezvous" method" in "Techniques" part, Authors write "The guidewire can be captured in the duodenum or proximal jejunum by coiling of the second wire within the dilatation balloon itself..". What is "the second" wire? 11. In "Anterograde EUS-GE-the "rendezvous" method" in "Techniques" part, Reference 34, which was written by Kawakubo et al. is inadequate. This paper is describing EUS-RV for biliary drainage. 12. In "Anterograde direct method" part, This part is hard to be understood. Authors mention at first "This technique is helpful in presence of a complete luminal obstruction not transitable with an endoscope or a guidewire." However, at last, authors say "it is almost impossible to fill a duodenal or jejunal loop if the stenosis is so tight to prevent the passing of a guidewire". It is likely to be confused. How can the jejunum/duodenum beyond the stricture be dilated? Please mention precisely how to inject the solution into this area. 13. In "EUS-guided double balloon-occluded gastrojejunostomy bypass (EPASS)" part, Text in this part is also confused. Do you understand this technique precisely? A dedicated double-balloon tube can be inserted over the 0.025-inch guidewire. A preloaded 0.089-inch guidewire and/or over-tube can help the balloon tube advancement avoiding loop formation in the gastric fornix. Please read Prof. Itoi's article attentively. 14. In "Outcomes of EUS-GE for malignant GOO" part, "Malignant GOO may benefit of palliative therapy based on.." What does it mean? Do you mean "Malignant GOO may benefit from palliative therapy based on.."? 15. In "Outcomes of EUS-GE for malignant GOO" part, "Since the first description of EUS-GE in a pig model in 2002 [9]..". Reference 9 is incorrect. Please revise. 16. In "Outcomes of EUS-GE for malignant GOO" part, Authors write various techniques about EUS-GE, such as direct EUS-GE, the balloon-assisted technique, hybrid rendez-vous, EPASS technique, the double balloon-assisted EUS-GE. These term are



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different from those which described in “Techniques” part. So it is be confused. What is the direct EUS-GE? Authors used the word “direct” in “Direct EUS-GE-traditional/downstream method” and “Antegrade direct method” in “Techniques” part. Moreover, what is the double balloon-assisted EUS-GE? Is this different from E-PASS? Please explain. 17. In the last paragraph in “Outcomes of EUS-GE for malignant GOO” part, Authors write about the long-term outcome of EUS-GE, however, long-term outcome is not described actually; only success rate and AEs were noted. Why not? 18. In 3rd paragraph in “Comparison of EUS-GE with enteral stenting” part, “EUS-GE not only showed a statistically significant better initial clinical success (95.8% vs 76.3%, P=0.042) and a lower rate of procedure failure requiring reintervention (32% vs 8.3%, P=0.021), but also a lower incidence of AEs compared to enteral SEMS placement (40.2% vs 20.8%).” The rate of procedure failure and AEs of EUS-GE and enteral stenting were reversed? 19. In 3rd paragraph in “Conclusion” section, “Moreover, it is a safe puncture is not feasible..” is likely to be grammatically incorrect.



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**Manuscript NO:** 64447

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**Professional title:** Doctor

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<b>Scientific quality</b>	<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
<b>Language quality</b>	<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
<b>Conclusion</b>	<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
<b>Re-review</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>Peer-reviewer statements</b>	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**

Comments to the Author: The purpose of this work, entitled 'Conservative management of malignant gastric outlet obstruction syndrome - evidence based evaluation of EUS-guided gastroentero-anastomosis' is to review the etiologies of gastric outlet obstruction (GOO), an extensive description of the Endoscopic ultrasound-guided gastroenterostomy technique, and comparison with surgical bypass and enteral stenting.

Authors concludes that EUS-GE 'has the advantage of being as minimally invasive as enteral stent placements, and of guaranteeing long-term results similar to those of surgery'. On the whole, the paper is well-written but some several issues must be commented: Major comments: -The first part of the paper is fully dedicated to GOO (epidemiology, clinical aspects, management). Maybe it should be more summarized. -EUS-GE: different variant of techniques are explained, but some important technical aspects are missing. \* How to finds the Treitz area, and to select correctly the proximal jejunum? \* How to perform the puncture (pure cute, high power > 140W).? \* In case of misdeployment or maldeployment of LAMS, which rescue options should be take in mind, or recommended? \* All the paper is focused on one unique LAMS (AXIOS), but other commercial LAMS are disposable. -Which information is known about LAMS removal or timing to check the stent? Recently, some complications related to a long-term of LAMS placement, as perforation due the traumatic hitting of distal flange against the contralateral jejunal wall. Please state your opinion based in this case series reported. - Regarding the limitation 'The main limitation of EUS-GE is the position of the target small bowel loop; if the latter is too distant from the gastric wall, it may not be punctured under EUS-view'- it only should occur in case of post-surgical scenarios. In cases with no previous surgeries of the upper GI tract, following the mesenteric vessels from the gastric cavity and turning clockwise/anticlockwise, the Treitz area and first



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proximal jejunal loop is easily identified. And 'Moreover, it is a safe puncture is not feasible if the target loop is not enough distended; sometimes, despite a large amount of water injected into the small bowel, the target loop collapses because of peristaltic movements pushing water forward', this may be prevented administering a spasmolytic.

-This statement as conclusion. 'EUS-GE has the advantage of being minimal invasive as an endoscopic procedure, but with long-lasting effects similar to those achieved by SGJ', up to date it is not prudent. Limited scientific evidence based mainly in retrospective series, not guarantee or recommend this assertion.



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**Name of journal:** World Journal of Gastrointestinal Oncology

**Manuscript NO:** 64447

**Title:** Conservative management of malignant gastric outlet obstruction syndrome - evidence based evaluation of EUS-guided gastroentero-anastomosis.

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**Academic degree:** MD, PhD

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<b>Language quality</b>	<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
<b>Conclusion</b>	<input checked="" type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
<b>Re-review</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Peer-reviewer statements</b>	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 paper is a review of EUS-GE. The authors provide an introduction to the etiology of GOO, various techniques for EUG-GE, and a detailed review of treatment outcomes. Due to the latest treatment, there is no similar treatise. These contents are detailed, well summarized and useful to the reader. It requires some minor revise, but it is a treatise that can be evaluated.      Comments to Authors      1 .Citations are required for the following texts;      high-dose proton pump inhibitors therapy is suggested to decrease the volume of gastric secretions and associated inflammation.      2. Many EUS-related procedures are performed under intravenous anesthesia without airway intubation. Is airway intubation mandatory for EUS-GE? Please describe the reason you recommend. EUS-GE must be performed under general anesthesia, with airways intubation.      3. Patients with GOO often develop severe gastric distension. Is nasogastric tube placement necessary as a pretreatment for EUS-GE?



## RE-REVIEW REPORT OF REVISED MANUSCRIPT

**Name of journal:** World Journal of Gastrointestinal Oncology

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<b>Language quality</b>	<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
<b>Conclusion</b>	<input type="checkbox"/> Accept (High priority) <input checked="" type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
<b>Peer-reviewer statements</b>	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

### SPECIFIC COMMENTS TO AUTHORS



**Baishideng  
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7041 Koll Center Parkway, Suite  
160, Pleasanton, CA 94566, USA  
**Telephone:** +1-925-399-1568  
**E-mail:** [bpgoffice@wjgnet.com](mailto:bpgoffice@wjgnet.com)  
**https://**[www.wjgnet.com](http://www.wjgnet.com)

The reviewer has checked revised manuscript and authors' response. Authors have adequately revised their manuscript in accordance with reviewers' suggestion.



## RE-REVIEW REPORT OF REVISED MANUSCRIPT

**Name of journal:** World Journal of Gastrointestinal Oncology

**Manuscript NO:** 64447

**Title:** Conservative management of malignant gastric outlet obstruction syndrome - evidence based evaluation of EUS-guided gastroentero-anastomosis.

**Reviewer's code:** 05122090

**Position:** Peer Reviewer

**Academic degree:** MD, PhD

**Professional title:** Assistant Professor

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

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<b>Language quality</b>	<input checked="" type="checkbox"/> Grade A: Priority publishing [ ] Grade B: Minor language polishing [ ] Grade C: A great deal of language polishing [ ] Grade D: Rejection
<b>Conclusion</b>	[ ] Accept (High priority) <input checked="" type="checkbox"/> Accept (General priority) [ ] Minor revision [ ] Major revision [ ] Rejection
<b>Peer-reviewer statements</b>	Peer-Review: <input checked="" type="checkbox"/> Anonymous [ ] Onymous Conflicts-of-Interest: [ ] Yes <input checked="" type="checkbox"/> No

### SPECIFIC COMMENTS TO AUTHORS



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

Thank you for your reply. The authors have corrected it appropriately. No additional comments