

PEER-REVIEW REPORT

Name of journal: *World Journal of Gastrointestinal Surgery*

Manuscript NO: 75771

Title: The Over-The-Scope-Grasper - A new tool for pancreatic necrosectomy and beyond - first multicenter experience

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 03765320

Position: Peer Reviewer

Academic degree: MD

Professional title: Doctor

Reviewer's Country/Territory: Italy

Author's Country/Territory: Germany

Manuscript submission date: 2022-02-14

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-02-19 18:17

Reviewer performed review: 2022-02-21 17:33

Review time: 1 Day and 23 Hours

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 Grade E: Do not publish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

Peer-reviewer statements	Peer-Review: [<input checked="" type="radio"/>] Anonymous [<input type="radio"/>] Onymous
	Conflicts-of-Interest: [<input type="radio"/>] Yes [<input checked="" type="radio"/>] No

SPECIFIC COMMENTS TO AUTHORS

I read with interest the study by Brand et al. Necrosectomy is still a procedure burdened by the lack of dedicated devices and of the a standardized approach. This new device could represent a valuable device could represent a step forward in the in setting of patients. Not least, this setting could also have several potential indications. This study provide interesting data about the employment of this new device in several setting of patients. However, I have some concerns: - in the introduction author affirmed that no dedicated devices are available for necrosectomy. However, as reported in the discussion, a new motorized device, Endorotor, Has been recently introduced on the market, providing encouraging data [Stassen PMC, de Jonge PJF, Bruno MJ, Koch AD, Trindade AJ, Benias PC, Sejjal DV, Siddiqui UD, Chapman CG, Villa E, Tharian B, Inamdar S, Hwang JH, Barakat MT, Andalib I, Gaidhane M, Sarkar A, Shahid H, Tyberg A, Binmoeller K, Watson RR, Nett A, Schlag C, Abdelhafez M, Friedrich-Rust M, Schlachterman A, Chiang AL, Loren D, Kowalski T, Kahaleh M. Safety and efficacy of a novel resection system for direct endoscopic necrosectomy of walled-off pancreas necrosis: a prospective, international, multicenter trial. *Gastrointest Endosc.* 2022 Mar;95(3):471-479. doi: 10.1016/j.gie.2021.09.025. Epub 2021 Sep 22. PMID: 34562471.]. Author should modified the sentence in the introduction. - Endorotor has been mentioned in the discussion, although references should be uptadated. - 56 procedure has been included. However for a deeper comprehension, also the number of patient treated with this device should be reported. - Author should clearly indicate on-label uses and off-lable ones. - Complications should be classified according the ASGE Lexicon [Cotton PB, Eisen GM, Aabakken L, Baron TH, Hutter MM, Jacobson BC,

Mergener K, Nemcek A Jr, Petersen BT, Petrini JL, Pike IM, Rabeneck L, Romagnuolo J, Vargo JJ. A lexicon for endoscopic adverse events: report of an ASGE workshop. *Gastrointest Endosc.* 2010 Mar;71(3):446-54. doi: 10.1016/j.gie.2009.10.027. PMID: 20189503.] - In table 1, Authors indicated that 26 cases necrosectomy was performed through a LAMS, while in 11 patients no LAMS was present. Which type of stent of stent was present? SEMS? double pig-tail? If double pig-tail why DEN was performed without LAMS placement according the step-up-approach? - Authors reported 37 necrosectomies. On how many patients? How many session of DEN were needed for the complete resolution of the collection? - I suggest to modify Table 1 adding columns indicating dimension of WON and estimated percentage of necrosis within each collection, a number of DEN session for WON resolution. - Regarding foreign bodies retrieval, author should provide information regarding type of foreign bodies and location. A table with "other" indication for the use of the over-the-scope grasper should also be provided. - Pictures or video of each indication, different from necrosectomy, should be provided.

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Peer-review model: Single blind

Reviewer's code: 05117239

Position: Peer Reviewer

Academic degree: MD

Professional title: Doctor

Reviewer's Country/Territory: India

Author's Country/Territory: Germany

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Reviewer chosen by: AI Technique

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Scientific quality	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input checked="" 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
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SPECIFIC COMMENTS TO AUTHORS

My recommendation (Reject) The article titled “The Over-The-Scope-Grasper - A new tool for pancreatic necrosectomy and beyond - first multicenter experience” is not acceptable for publication in its current form, with the following additional details mentioned underneath (in Comments to Authors). General comments This is a retrospective study utilizing descriptive statistics for the utility of Over-The-Scope-Grasper for variety of indications mostly pancreatic necrosectomy in nine European endoscopic centers between November 2020 and October 2021. A total of 56 procedures were performed, with an overall technical success rate of 98%. Most of the procedures were endoscopic pancreatic necrosectomies (33 transgastric, 4 transduodenal). No clinically relevant complications were encountered. The device looks promising but is commercially unavailable at majority of the centers. The topic is appropriate and within the scope of this journal. The authors must be congratulated for conducting this study. However, the rationale for carrying out this study is not understood. The research question of interest looks pointless. The major limitation seems to be the chosen retrospective design of the study. The quality of evidence for such studies is low. Since the use of grasping tool was already published in Innovations and brief communications in Endoscopy in 2021, the authors could have perhaps conducted the current study prospectively. Comments to authors 1. The authors did not adequately address the important issue regarding the retrospective study design. What was the method used for missing data? Did the authors use complete case analysis, available case analysis or a mean of the other values? 2. With heterogeneous patient populations, different techniques and operator experiences, the multicenter management and



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retrospective review looks problematic. Details about the number of patients from each site is missing. 3. There is inherent selection bias with these studies. What if the authors would have selected patients who have their outcome of interest? 4. Since this is a retrospective study the authors need to mention that waiver of written informed consent was obtained from ethics committee (if yet all it was taken). They can mention that all patients had given their consent for the procedure. 5. The center is a specialized unit of a tertiary care center which includes select set of referred patients leading to referral bias. 6. Another limitation relates to inadequate characterization of the study population. 7. Was ethics approval obtained from every center or IRB approval from coordinating center? 8. The term endpoint in retrospective studies looks problematic, outcomes would rather be a better term. Minor comments The methods section in the manuscript needs a lot of changes for better clarity. The details on how the patient details were extracted and details of proforma need to be mentioned. The references have been accurately written. The figures, illustrations and video have been nicely presented.

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Reviewer's code: 05232730

Position: Peer Reviewer

Academic degree: MD

Professional title: Assistant Professor

Reviewer's Country/Territory: Turkey

Author's Country/Territory: Germany

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Scientific quality	<input checked="" type="radio"/> Grade A: Excellent <input type="radio"/> Grade B: Very good <input type="radio"/> Grade C: Good <input type="radio"/> Grade D: Fair <input type="radio"/> Grade E: Do not publish
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Peer-reviewer statements	Peer-Review: [<input checked="" type="radio"/>] Anonymous [<input type="radio"/>] Onymous Conflicts-of-Interest: [<input type="radio"/>] Yes [<input checked="" type="radio"/>] No
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SPECIFIC COMMENTS TO AUTHORS

I congratulate Markus Brand and his colleagues for this beautiful work. They aimed to find a solution to one of the important problems in direct endoscopic necrosectomy. Any new technology that will reduce the DEN session and provide faster necrosis resolution is valuable. In our own experience, the most important factor in clearing necrosis is the "time after insertion of LAMS." Because over time, the necrosis solidifies and becomes easier to clear. 1- It would be better to indicate when the first necrosectomy session was performed in the article. 2-The fact that there are only three LAMS dislocations is too good to be true, I would like to suggest a review of this data 3-It is pleasing for therapeutic endoscopy to have excellent results in other indications.