



PEER-REVIEW REPORT

Name of journal: World Journal of Gastrointestinal Surgery

Manuscript NO: 44965

Title: Success and safety of endoscopic treatments for concomitant biliary and duodenal malignant stenosis: a review of the literature

Reviewer's code: 03035949

Reviewer's country: France

Science editor: Ying Dou

Date sent for review: 2018-12-17

Date reviewed: 2018-12-17

Review time: 18 Hours

SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION	PEER-REVIEWER STATEMENTS
<input type="checkbox"/> Grade A: Excellent	<input checked="" type="checkbox"/> Grade A: Priority publishing	<input type="checkbox"/> Accept	Peer-Review:
<input checked="" type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language polishing	(High priority)	<input checked="" type="checkbox"/> Anonymous
<input type="checkbox"/> Grade C: Good		<input type="checkbox"/> Accept	<input type="checkbox"/> Onymous
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of language polishing	(General priority)	Peer-reviewer's expertise on the topic of the manuscript:
<input type="checkbox"/> Grade E: Do not publish	<input type="checkbox"/> Grade D: Rejection	<input checked="" type="checkbox"/> Minor revision	<input type="checkbox"/> Advanced
		<input type="checkbox"/> Major revision	<input checked="" type="checkbox"/> General
		<input type="checkbox"/> Rejection	<input type="checkbox"/> No expertise
			Conflicts-of-Interest:
			<input type="checkbox"/> Yes
			<input checked="" type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS

Dear Authors, Your review is interesting but I need to point out one limitation: your perspective is just that of the endoscopist. In particular, a point of discussion should be stressed more: the need for a multidisciplinary assessment in order to decide which is



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the best option in such a difficult situation like concomitant biliary and duodenal malignant stenosis. The endoscopic options that you report are technically challenging and not widely available. They showed to be safe and effective, but in very experienced hands, and in a very low number of patients. Moreover, you declare the absolute superiority of endoscopy vs surgical treatment : “Today, in the presence of a duodenal stenosis, GJS is not the gold standard of treatment for palliation. The advent of the self-expandable metal stent (SEMS) has widened the therapeutic options, increasing the quality of life for these patients. The same consideration can be made for the malignant biliary obstructions for which the hepaticojejunostomy has been supplanted by biliary SEMS placement.” Such a strong conclusion should be mitigated since the literature comparing early surgical bypass to endoscopic stenting is outdated and inconsistent, and the optimal technique for relief of obstructive jaundice, as well as for relief of duodenal stenosis, remains controversial. Moreover, you do not provide any reference in favour of such a strong conclusion. No study comparing surgery vs endoscopy is cited. Just to cite an example, in an article by Bliss et al (Early surgical bypass versus endoscopic stent placement in pancreatic cancer, HPB (Oxford). 2016 Aug; 18(8): 671–677), among propensity score-matched patients receiving bypass vs. stenting, readmission and mortality rates were similar. They concluded that candidates for both techniques may experience fewer subsequent procedures if offered early biliary bypass with the caveats of decreased discharge home and increased cost/length of stay. Therefore the above-mentioned points should be developed in the introduction and in the discussion.

INITIAL REVIEW OF THE MANUSCRIPT

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Y] No



PEER-REVIEW REPORT

Name of journal: World Journal of Gastrointestinal Surgery

Manuscript NO: 44965

Title: Success and safety of endoscopic treatments for concomitant biliary and duodenal malignant stenosis: a review of the literature

Reviewer’s code: 02728137

Reviewer’s country: Georgia

Science editor: Ying Dou

Date sent for review: 2018-12-17

Date reviewed: 2018-12-18

Review time: 12 Hours, 1 Day

SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION	PEER-REVIEWER STATEMENTS
<input type="checkbox"/> Grade A: Excellent	<input checked="" type="checkbox"/> Grade A: Priority publishing	<input type="checkbox"/> Accept	Peer-Review:
<input checked="" type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language polishing	(High priority)	<input checked="" type="checkbox"/> Anonymous
<input type="checkbox"/> Grade C: Good		<input checked="" type="checkbox"/> Accept	<input type="checkbox"/> Onymous
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<input type="checkbox"/> Grade E: Do not publish	<input type="checkbox"/> Grade D: Rejection	<input type="checkbox"/> Minor revision	<input type="checkbox"/> Advanced
		<input type="checkbox"/> Major revision	<input checked="" type="checkbox"/> General
		<input type="checkbox"/> Rejection	<input type="checkbox"/> No expertise
			Conflicts-of-Interest:
			<input type="checkbox"/> Yes
			<input checked="" type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS

Dear authors, It is very nice manuscript, about one of the difficult issue of pancreatobiliary malignancy. It will be better if you pay more attention about of endoscopic treatment methods of duodenal malignant stenosis.



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INITIAL REVIEW OF THE MANUSCRIPT

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