

PEER-REVIEW REPORT

Name of journal: World Journal of Hepatology

Manuscript NO: 64877

Title: Balloon-occluded retrograde transvenous obliteration for treatment of gastric varices

Reviewer's code: 00051373

Position: Editorial Board

Academic degree: MD

Professional title: Associate Professor

Reviewer's Country/Territory: Taiwan

Author's Country/Territory: Japan

Manuscript submission date: 2021-02-25

Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-02-25 09:01

Reviewer performed review: 2021-02-25 13:43

Review time: 4 Hours

Scientific quality	<input checked="" 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 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 Grade E: Do not publish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 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
Re-review	<input type="checkbox"/> Yes <input checked="" 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

Thank you very much to let me have the opportunity to read a comprehensive review about the balloon-occluded retrograde transvenous obliteration treating bleeding gastric varices. This manuscript is well written and much detail to describe the hemodynamic of the complicated gastroduodenal shunt in cases with left side portal hypertension.

PEER-REVIEW REPORT

Name of journal: World Journal of Hepatology

Manuscript NO: 64877

Title: Balloon-occluded retrograde transvenous obliteration for treatment of gastric varices

Reviewer's code: 05231234

Position: Peer Reviewer

Academic degree: MD

Professional title: Doctor

Reviewer's Country/Territory: China

Author's Country/Territory: Japan

Manuscript submission date: 2021-02-25

Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-02-26 00:27

Reviewer performed review: 2021-03-18 08:31

Review time: 20 Days and 8 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

The authors summarized the recent advances in the application of BRTO for GVs, mainly include the following aspects: indications and contraindications for BRTO, advantages of BRTO over other treatments, conventional BRTO procedure, BRTO modifications and combined treatment. This review article has an overall reasonable logic, which would be helpful for clinicians to have a full picture of BRTO. However, there are still some questions that remain to be solved. In the “Advantages of BRTO over other treatments” section, The authors seemed to underestimate the value of TIPS. Although BRTO may be more effective in the prevention of variceal rebleeding, the selection of BRTO or TIPS for patients with GVs should also depend on the comorbidities such as ascites. Study conducted by Yu Q et al. [1] indicated that BRTO treated patients are more likely to develop ascites aggravation. By contrast, TIPS counteracts the mechanism behind ascites by reducing the filtration pressure within the splanchnic capillaries, so excessive fluid can be drained via the lymphatic system. For patients with severe ascites or when SBP is a concern, TIPS might be a more appropriate option than BRTO. In the “BRTO modifications” section, some modified BRTO techniques included CARTO, PARTO, M-CARTO and CARTO-II have been cited in the manuscript. All the above methods could avoid the retention of the balloon, but have the disadvantage of high cost. A recent study [2] has proposed a new modified method – balloon-assisted antegrade transvenous obliteration (BAATO). In BAATO procedure, the retrograde occlusion balloon catheter is used to occlude the GRS, followed by antegrade trans-TIPS catheter injecting cyanoacrylate rather than sclerosant. The distribution of cyanoacrylate in GVs could be controlled by adjusting the balloon size for the blood flow velocity varies as the balloon size changes. Thus, BAATO might be valuable alternative option as well. References [1]. Yu Q, Liu C, Raissi D. Balloon-occluded Retrograde



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Transvenous Obliteration Versus Transjugular Intrahepatic Portosystemic Shunt for Gastric Varices: A Meta-Analysis. J Clin Gastroenterol. 2021 Feb 1;55(2):147-158. [2]. Liu J, Yang C, Huang S, et al. The combination of balloon-assisted antegrade transvenous obliteration and transjugular intrahepatic portosystemic shunt for the management of cardiofundal varices hemorrhage. Eur J Gastroenterol Hepatol. 2020 May;32(5):656-662.

PEER-REVIEW REPORT

Name of journal: World Journal of Hepatology

Manuscript NO: 64877

Title: Balloon-occluded retrograde transvenous obliteration for treatment of gastric varices

Reviewer's code: 02861251

Position: Peer Reviewer

Academic degree: MD

Professional title: Doctor

Reviewer's Country/Territory: Spain

Author's Country/Territory: Japan

Manuscript submission date: 2021-02-25

Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-02-26 14:14

Reviewer performed review: 2021-03-20 08:58

Review time: 21 Days and 18 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 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 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="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

Dear Editor: I have read with great interest the review entitled "Treatment of gastric varices based on balloon-occluded retrograde transvenous obliteration" and the correspondent bibliography. It is a review focused on BRTO. The paper is well-written. The explanations of the techniques are supported with the excellent drawings of one of the authors. However, the paper needs structural changes to contribute with new information. My comments: - Authors should update the references: papers from the last years are missing. - Statements as "BRTO has been established as the primary treatment of GV" sustained in the Abstract, Core-tip, in page 7 (Advantages of BRTO over other treatments) and in page 12 (Conclusions) should be rewritten. According to current bibliography, conclusions about which technique is superior are not clear. Although promising data about BRTO have been published in the last years, comparison with TIPS is difficult. It has to be considered the previous use of bare TIPS. Also, geographical-related differences play an important role. Regarding TIPS efficacy and risks (Advantages of BRTO, page 7), specific data should be provided. If the studies mentioned where done with bare or cover TIPS should be considered and detailed. Data and references should be updated. - Also, the indication of BRTO as prophylactic treatment of GV should be sustained with caution. Current recommendation in guidelines worldwide, as from Baveno VI consortium and AASLD, are using beta-blockers as first step. BRTO has not been evaluated in high quality clinical trials in prophylaxis. - Disadvantages of BRTO, as the increase risk of developing esophageal and ectopic varices, with potential to bleed, or the inability to control bleeding from esophageal varices, should be highlighted (and supported with data). - Tables summarizing the results of the different papers are mandatory in a review to help with the interpretation of the data. As a suggestion, they could provide the favorable results



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using BRTO, and the different management proposed (CARTO, PARTO); the percentage of complications could also be included. Also, data comparing BRTO vs TIPS could be provided as a table. - Authors could also highlight the importance of BRTO in a group of patients with GV and HE and provide data. - The last statement about that the best technique suggested is BRTO plus partial splenic embolization should be mentioned with caution. It is an interesting management, but randomized clinical trials are lacking, and splenic embolization can result in serious complications (that should be mentioned), moreover in cirrhotic patients. - Abbreviations should be mentioned together.

RE-REVIEW REPORT OF REVISED MANUSCRIPT

Name of journal: World Journal of Hepatology

Manuscript NO: 64877

Title: Balloon-occluded retrograde transvenous obliteration for treatment of gastric varices

Reviewer's code: 05231234

Position: Peer Reviewer

Academic degree: MD

Professional title: Doctor

Reviewer's Country/Territory: China

Author's Country/Territory: Japan

Manuscript submission date: 2021-02-25

Reviewer chosen by: Man Liu

Reviewer accepted review: 2021-04-14 07:09

Reviewer performed review: 2021-04-14 08:07

Review time: 1 Hour

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
Language quality	[<input checked="" type="radio"/>] Grade A: Priority publishing [<input type="radio"/>] Grade B: Minor language polishing [<input type="radio"/>] Grade C: A great deal of language polishing [<input type="radio"/>] Grade D: Rejection
Conclusion	[<input checked="" type="radio"/>] Accept (High priority) [<input type="radio"/>] Accept (General priority) [<input type="radio"/>] Minor revision [<input type="radio"/>] Major revision [<input type="radio"/>] Rejection
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



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Well revised.