

Reviewer #2:
Scientific **Quality:** Grade C (Good)
Language **Quality:** Grade C (A great deal of language polishing)
Conclusion: Major revision
Specific Comments to Authors: The authors presented a systematic review of major literature evaluating the role of ETGBD for patients with acute cholecystitis. The subject could be of interest, however authors should address several concerns: General: -

The manuscript needs a revision of wording.

- The reference's numbering and format are incorrect: the references were edited to reflect the correct format.

Introduction:

- Some of the sentences are 5-row length, to be shortened: sentences were shortened
- The introductions should reflect the current status of the problem. Surgery is the gold standard for acute cholecystitis and percutaneous drainage is the ideal choice in patients unfit for surgery. This is what the guidelines say. Endoscopic treatment can be used when percutaneous drainage is not indicated and maybe in special situations (e.g., concomitant CBD stones) requiring ERCP: The introduction was revised to address these points.
- Patient discomfort due to external drainage is an important drawback of percutaneous drainage, remember that 50% of the patients in your meta-analysis of ETGBD required the placement of a naso-biliary drainage: The introduction was revised to distinguish between trans papillary and naso-biliary drainage in the context of ERCP related drainage.

Methods:

- The outcome clinical success should be calculated over the entire cohort. This is largely more meaningful than the current definition: Clinical success was based on the all the studies included overall that provided sufficient data.
- This is critical to have a secondary outcome focusing the overall complication rate (i.e., the % of patients presenting a complication), to date we have only the data from each separated complication: The paper was revised to include overall complication rate.
- Please include the information regarding all statistical software used for the study: Only excel was used for statistics included in our analysis.

Results:

- "Characteristics of the included studies" first sentence's include 6 "performed": This sentence was shortened.

- Please report the total % of patients with any complications, and the pooled proportion of clinical success from the entire cohort: The overall pooled complication % was included in the revision. I apologize, the pooled proportion of clinical success from the entire cohort was included based on studies that provided the necessary data.

- Discussion - The discussion and conclusion should be reformatted. In my opinion there is no data coming from this meta-analysis supporting that endoscopic drainage has a clear advantage over the percutaneous, which is the gold standard to treat inoperable patients. Maybe the results for the endoscopy are not bad, but the readers cannot understand that both procedures can be used alternatively when surgery is not indicated. The current evidence, coming also from your results, is that ERCP treatments are difficult procedures with non-despicable rates of failure and complications. Then, except in extremely high expertise centers, they should be reserved to patients unfit for percutaneous drainage or requiring ERCP for other causes (e.g., CBD stones, stenting strictures...): revisions made to highlight difficulty related to transpapillary drainage and its preferential use in specific scenarios due to difficulty and adverse events.

- The potential implications of cystic duct stenting in a future cholecystectomy should be discussed.

- To exclude non-English studies is a potentially critical source of bias that needs to be reflected at the limitations section: The limitations sections of the discussion was revised to discuss exclusion of non English studies

-The title is too long, and it should be no more than 18 words: The title was shortened to be less than 18 words.

(3) The "Author Contributions" section is missing. Please provide the author contributions: The author's contribution was included in the revision

(4) The authors did not provide original pictures. Please provide the original figure documents. Please prepare and arrange the figures using PowerPoint to ensure that all graphs or arrows or text portions can be reprocessed by the editor: original pictures were included and arranged using powerpoint

(5) PMID and DOI numbers are missing in the reference list. Please provide the PubMed numbers and DOI citation numbers to the reference list and list all authors of the references. Please revise throughout: The References were revised to included PMID and DOI numbers and all authors of the references.

(6) The "Article Highlights" section is missing. Please add the "Article Highlights" section at the end of the main text: The article highlights section was added at the end of the main text.

4 LANGUAGE QUALITY

Please resolve all language issues in the manuscript based on the peer review report. Please be sure to have a native-English speaker edit the manuscript for grammar, sentence structure, word usage, spelling, capitalization, punctuation, format, and general readability, so that the manuscript's language will meet our direct publishing needs.

5 ABBREVIATIONS

In general, do not use non-standard abbreviations, unless they appear at least two times in the text preceding the first usage/definition. Certain commonly used abbreviations, such as DNA, RNA, HIV, LD50, PCR, HBV, ECG, WBC, RBC, CT, ESR, CSF, IgG, ELISA, PBS, ATP, EDTA, and mAb, do not need to be defined and can be used directly. Now we list the abbreviations rules as follows.

(1) Title: Please spell out any abbreviation in the title. Abbreviations are not permitted.

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(3) Abstract: Abbreviations must be defined upon first appearance in the Abstract. Examples: Example 1: Hepatocellular carcinoma (HCC). Example 2: *Helicobacter pylori* (*H. pylori*).

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Example 2: *Helicobacter pylori* (*H. pylori*)

(8) Figures: Please verify the abbreviations used in figures and define them (separated by semicolons) at the end of the figure legend or table; for example, BMI: Body mass index; CT: Computed tomography.

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6 EDITORIAL OFFICE'S COMMENTS

Authors must revise the manuscript according to the Editorial Office's comments and suggestions, which are listed below:

(1) Science editor: 1 Scientific quality: The manuscript describes a meta-analysis of the efficacy and safety of endoscopic trans-papillary gallbladder drainage in acute cholecystitis. The topic is within the scope of the WJGE. (1) Classification: Grade B and Grade C; (2) Summary of the Peer-Review Report: The authors presented a systematic review of major literature evaluating the role of ETGBD for patients with acute cholecystitis. It is of interest. However, the language needs to be revised. The questions raised by the reviewers should be answered; and (3) Format: There are 5 figures. (4) References: A total of 46 references are cited, including 8 references published in the last 3 years; (5) Self-cited references: There are no self-cited references; and (6) References recommend: The authors have the right to refuse to cite improper references recommended by peer reviewer(s), especially the references published by the peer reviewer(s) themselves. If the authors found the peer reviewer(s) request the authors to cite improper references published by themselves, please send the peer reviewer's ID number to the editorialoffice@wjgnet.com. The Editorial Office will close and remove the peer reviewer from the F6Publishing system immediately. 2 Language evaluation: Classification: Grade C and Grade B. 3 Academic norms and rules: The authors provided the Biostatistics Review Certificate, and PRISMA 2009 Checklist. No academic misconduct was found in the Bing search. 4 Supplementary comments: This is an unsolicited manuscript. No financial support was obtained for the study. The topic has not previously been published in the WJGE. 5 Issues raised: (1) The language classification is Grade C. Please visit the following website for the professional English language editing companies we recommend: <https://www.wjgnet.com/bpg/gerinfo/240>;

(2) The title is too long, and it should be no more than 18 words: The title was shortened to be less than 18 words.

(3) The "Author Contributions" section is missing. Please provide the author contributions: author contributions section was added.

(4) The authors did not provide original pictures. Please provide the original figure documents. Please prepare and arrange the figures using PowerPoint to ensure that all graphs or arrows or text portions can be reprocessed by the editor: original pictures were included and arranged using PowerPoint

(5) PMID and DOI numbers are missing in the reference list. Please provide the PubMed numbers and DOI citation numbers to the reference list and list all authors of the references. Please revise throughout: Revisions were made to included PMID and DOI numbers, and all authors were included

(6) The "Article Highlights" section is missing. Please add the "Article Highlights" section at the end of the main text: Article highlights were added

6 Recommendation: Conditional acceptance.

(2) Company editor-in-chief: I have reviewed the Peer-Review Report, full text of the manuscript, and the relevant ethics documents, all of which have met the basic publishing requirements of the World Journal of Gastrointestinal Endoscopy, and the manuscript is conditionally accepted. I have sent the manuscript to the author(s) for its revision according to the Peer-Review Report, Editorial Office's comments and the Criteria for Manuscript Revision by Authors.

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Best regards,

Lian-Sheng Ma, Science Editor, Company Editor-in-Chief, Editorial Office

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