



## PEER-REVIEW REPORT

**Name of journal:** *World Journal of Gastroenterology*

**Manuscript NO:** 85377

**Title:** Clinical approach to indeterminate biliary strictures: Clinical presentation, diagnosis, and workup

**Provenance and peer review:** Invited manuscript; Externally peer reviewed

**Peer-review model:** Single blind

**Reviewer's code:** 04093777

**Position:** Peer Reviewer

**Academic degree:** MBBS, MSc, PhD

**Professional title:** Assistant Professor

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

**Author's Country/Territory:** United States

**Manuscript submission date:** 2023-04-25

**Reviewer chosen by:** Geng-Long Liu

**Reviewer accepted review:** 2023-06-03 19:56

**Reviewer performed review:** 2023-06-16 20:00

**Review time:** 13 Days

<b>Scientific quality</b>	<input type="checkbox"/> Grade A: Excellent <input checked="" 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 Grade E: Do not publish
<b>Novelty of this manuscript</b>	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Good <input checked="" type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No novelty
<b>Creativity or innovation of this manuscript</b>	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No creativity or innovation



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<b>Scientific significance of the conclusion in this manuscript</b>	<input checked="" type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No scientific significance
<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 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>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

## SPECIFIC COMMENTS TO AUTHORS

Many thanks for your great effort



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**Peer-review model:** Single blind

**Reviewer’s code:** 03738365

**Position:** Peer Reviewer

**Academic degree:** MD

**Professional title:** Doctor

**Reviewer’s Country/Territory:** China

**Author’s Country/Territory:** United States

**Manuscript submission date:** 2023-04-25

**Reviewer chosen by:** Geng-Long Liu

**Reviewer accepted review:** 2023-06-22 00:01

**Reviewer performed review:** 2023-07-02 16:04

**Review time:** 10 Days and 16 Hours

<b>Scientific quality</b>	<input type="checkbox"/> Grade A: Excellent <input checked="" 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
<b>Novelty of this manuscript</b>	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No novelty
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<b>Scientific significance of the conclusion in this manuscript</b>	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No scientific significance
<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 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
<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

**SPECIFIC COMMENTS TO AUTHORS**

1. CA199 can be significantly increased in biliary tract infection and chronic inflammation, and diabetes may also cause CA199 to increase. The author should review the contents related to the increase of CA199 in benign conditions. From a more focus perspective, the key points of this article are the imaging/endoscopic techniques and biopsy methods and characteristic of biliary strictures. Serum markers play a very limited role in judging the benign/malignant character, extent, and stage of lesions. I suggest that the content of the serum markers can be removed from the article. 2. To some extent, FISH and Flow cytometry could be considered as part of the content of pathological evaluation methods after brush cytology and intraductal biopsies and should not be listed as a separate item. It should be integrated with related routine methods of pathological detection under the same category. Similar to the aforementioned opinions, the key points of this article should be the imaging/endoscopic techniques and biopsy methods and characteristic of biliary strictures. The pathological detection methods of biopsy tissues are not the focus of this article. I suggest that this part can be deleted. 3. For the various endoscopic (such as EUS,



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IDUS, Cholangioscopy, CLE, et al) and biopsy (such as biliary brush cytology and intraductal biopsies, wire guided endo-biliary forceps, free hand biopsies, endoscopic scrapers, FNA/FNB et al) methods that were described in the article, it is recommended that the author provide physical pictures and schematic drawing for readers to understand more conveniently and intuitively.



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**Peer-review model:** Single blind

**Reviewer's code:** 00909230

**Position:** Editorial Board

**Academic degree:** MD, PhD

**Professional title:** Professor

**Reviewer's Country/Territory:** South Korea

**Author's Country/Territory:** United States

**Manuscript submission date:** 2023-04-25

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2023-05-09 04:10

**Reviewer performed review:** 2023-07-09 09:17

**Review time:** 61 Days and 5 Hours

<b>Scientific quality</b>	<input type="checkbox"/> Grade A: Excellent <input checked="" 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
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<b>Scientific significance of the conclusion in this manuscript</b>	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Good <input checked="" type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No scientific significance
<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 checked="" 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

**SPECIFIC COMMENTS TO AUTHORS**

This review article well summarizes the clinical approach, including clinical features, diagnosis, and work-up algorithms for indeterminate biliary strictures. Although it provides very well-organized research data for interested researchers in this field, the following corrections have emerged. Treatment of benign strictures typically involves medical and endoscopic therapy ,with only a few patients → Treatment of benign strictures typically involves medical and endoscopic therapy, with only a few patients Under Confocal laser endomicroscopy (CLE) One limitation is that CLE quires specialized equipment → One limitation is that CLE requires specialized equipment Under Investigational and less widely used techniques: Chromoendoscopy, narrow band imaging, autofluorescence and Optical Coherence Tomography (OCT) This technique is not widely use → This technique is not currently widely used. OUR APPROACH TO MANAGEMENT OF INDETERMINATE BILIARY STRICTURES → Our approach to management of indeterminate biliary strictures Under Our approach to management of indeterminate biliary strictures caution should be exercised before perming biopsies of biliary or hilar lesions. → caution should be exercised before



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performing biopsies of biliary or hilar lesions.