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PEER-REVIEW REPORT

Name of journal: World Journal of Radiology

Manuscript NO: 34968

Title: Naso-jejunal tube insertion - interface between radiology and endoscopy

Reviewer's code: 02577402 Reviewer's country: China Science editor: Fang-Fang Ji Date sent for review: 2017-06-12

Date reviewed: 2017-06-12

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
[] Grade A: Excellent	[] Grade A: Priority publishing	Google Search:	[] Accept
[] Grade B: Very good	[] Grade B: Minor language	[] The same title	[] High priority for
[Y] Grade C: Good	polishing	[] Duplicate publication	publication
[] Grade D: Fair	[Y] Grade C: A great deal of	[] Plagiarism	[] Rejection
[] Grade E: Poor	language polishing	[Y] No	[] Minor revision
	[] Grade D: Rejected	BPG Search:	[Y] Major revision
		[] The same title	
		[] Duplicate publication	
		[] Plagiarism	
		[Y] No	

COMMENTS TO AUTHORS

This is a letter regarding the article of "Complementary roles of interventional radiology and therapeutic endoscopy in gastroenterology". The authors reported the nasojejunal tube placement which has also complementary roles of radiology and endoscopy. I think that there are some grammar mistakes in this letter and should be corrected. Moreover, the authors used NJ tubes without mentioning the complete phrase at the first time using it. Then the authors alternate between NJ tubes and naso-jejunal tube. Please give the complete phrase of NJ the first time using it. Then, you can always use the abbreviation NJ instead of the complete phrase.



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PEER-REVIEW REPORT

Name of journal: World Journal of Radiology

Manuscript NO: 34968

Title: Naso-jejunal tube insertion - interface between radiology and endoscopy

Reviewer's code: 00233953

Reviewer's country: United States

Science editor: Fang-Fang Ji Date sent for review: 2017-06-12 Date reviewed: 2017-06-13

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
[] Grade A: Excellent	[] Grade A: Priority publishing	Google Search:	[] Accept
[] Grade B: Very good	[Y] Grade B: Minor language	[] The same title	[] High priority for
[Y] Grade C: Good	polishing	[] Duplicate publication	publication
[] Grade D: Fair	[] Grade C: A great deal of	[] Plagiarism	[] Rejection
[] Grade E: Poor	language polishing	[Y] No	[Y] Minor revision
	[] Grade D: Rejected	BPG Search:	[] Major revision
		[] The same title	
		[] Duplicate publication	
		[] Plagiarism	
		[Y] No	

COMMENTS TO AUTHORS

Interesting data Comment #1: The authors should discuss that the data may be biased, because only of fraction of those invited responded to the survey - include how many invitations were send in total and what percentage answered



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PEER-REVIEW REPORT

Name of journal: World Journal of Radiology

Manuscript NO: 34968

Title: Naso-jejunal tube insertion - interface between radiology and endoscopy

Reviewer's code: 02346872 Reviewer's country: China Science editor: Fang-Fang Ji Date sent for review: 2017-06-12

Date reviewed: 2017-06-24

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
[] Grade A: Excellent	[Y] Grade A: Priority publishing	Google Search:	[Y] Accept
[] Grade B: Very good	[] Grade B: Minor language	[] The same title	[] High priority for
[Y] Grade C: Good	polishing	[] Duplicate publication	publication
[] Grade D: Fair	[] Grade C: A great deal of	[] Plagiarism	[] Rejection
[] Grade E: Poor	language polishing	[Y] No	[] Minor revision
	[] Grade D: Rejected	BPG Search:	[] Major revision
		[] The same title	
		[] Duplicate publication	
		[] Plagiarism	
		[Y] No	

COMMENTS TO AUTHORS

The authors read Ray et al Complementary roles of interventional radiology and therapeutic endoscopy in gastroenterology. They did a survey which was supported by BAPEN (British Association of Parenteral and Enteral Nutrition) to identify the practice of endoscopic insertion of NJ tubes with respect to getting radiological confirmation or placement. The authors analysed the results of the respondents statistically. They concluded that it will be useful to have society guidelines pertaining to need for x-ray confirmation following endoscopic placement of NJ tubes in order avoid variation in the practice.