

PEER-REVIEW REPORT

Name of journal: World Journal of Gastrointestinal Endoscopy

Manuscript NO: 37285

Title: Endoscopic ultrasound-guided drainage of pancreatic walled-off necrosis by self-expanding metal stents without fluoroscopy

Reviewer's code: 00504150

Reviewer's country: Canada

Science editor: Ya-Juan Ma

Date sent for review: 2018-01-04

Date reviewed: 2018-01-08

Review time: 4 Days

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input checked="" type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input type="checkbox"/> High priority for publication
<input checked="" type="checkbox"/> Grade C: Good	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Duplicate publication	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input checked="" type="checkbox"/> Plagiarism	<input checked="" type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input type="checkbox"/> No	<input type="checkbox"/> Major revision
		BPG Search:	
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

COMMENTS TO AUTHORS

With great interest, I have read the manuscript entitled, "Endoscopic ultrasound-guided drainage of pancreatic walled-off necrosis using self-expanding metal stents without fluoroscopy" by Braden et al. The study is somewhat interesting and in general goes along well with what has been shown by other groups concerning the benefits of fully covered self-expanding metal stents to treat necrotizing pancreatitis. The following are points that need to be addressed by the authors. (1) The authors state that this study was conducted in two centers on page 5. One can assume that one in England and another in Germany. However, it is not clearly stated anywhere in the text. Moreover, the authors should mention ethical approval of the study from two different centers. (2) The authors state that WOPN content was aspirated and sent for bacterial culture and biochemistry analysis if clinically required in Materials and Methods section on page 6.



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However, the results are not shown. (3) On page 7 “5. Slow withdrawal until contact of distal flange to cavity wall”. Withdraw what? (4) Please do not start sentences with a number. Abstract on page 3 and Results on page 9 (27 consecutive...). (5) Clinical outcome was selected as one of the secondary outcomes by the authors. However, the authors’ description of clinical outcome is too brief in Results section. The main indications for drainage was gastric outlet obstruction in 15 cases, biliary obstruction in 3, and infection/fever in 9. Are they fully recovered? If so when? What about the length of hospital stay? More detailed information regarding clinical outcome should be described. (6) “Walled-off pancreatic necrosis” (page 5, line 11 from bottom) and “walled-off necrosis” (page 7) should be “WOPN”. (7) The statement on page 15 that all procedural steps during EUS-guided insertion of FCSEMS are well visualized somewhat contradicts the fact that visibility of the entire coiling of the wire was limited in 6 patients (on page 11). (8) The authors say “some potential limitations” on page 14. They are actual limitations, so simply saying “some limitations” makes more sense.

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Name of journal: World Journal of Gastrointestinal Endoscopy

Manuscript NO: 37285

Title: Endoscopic ultrasound-guided drainage of pancreatic walled-off necrosis by self-expanding metal stents without fluoroscopy

Reviewer's code: 01558248

Reviewer's country: Taiwan

Science editor: Ya-Juan Ma

Date sent for review: 2018-01-04

Date reviewed: 2018-01-09

Review time: 4 Days

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

COMMENTS TO AUTHORS

1. Please add the indications based on the clinical findings or imaging study. 2. How to manage your patients with pancreatitis due to biliary diseases? 3. Please tell us the days needed for a satisfied improvement after drainage. 4. Please make more simple in the section of methods where possible.

PEER-REVIEW REPORT

Name of journal: World Journal of Gastrointestinal Endoscopy

Manuscript NO: 37285

Title: Endoscopic ultrasound-guided drainage of pancreatic walled-off necrosis by self-expanding metal stents without fluoroscopy

Reviewer's code: 00070310

Reviewer's country: Japan

Science editor: Ya-Juan Ma

Date sent for review: 2018-01-04

Date reviewed: 2018-01-10

Review time: 6 Days

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C: Good	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Duplicate publication	<input type="checkbox"/> Rejection
<input checked="" type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input type="checkbox"/> Plagiarism	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input checked="" type="checkbox"/> No	<input type="checkbox"/> Major revision
		BPG Search:	
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

COMMENTS TO AUTHORS

This paper showed the effect of EUS-guided drainage of pancreatic walled-off necrosis using self-expanding metal stents. This manuscript is well written. However it will require some revision before publication. 1, EUS-guided drainage without fluoroscopy is often used for pancreatic walled-off necrosis. Please impact your findings in this paper. 2, Are self-expanding metal stents really useful for necrosis tissue of the pancreas compared with endoscopic nasal drainage?

PEER-REVIEW REPORT

Name of journal: World Journal of Gastrointestinal Endoscopy

Manuscript NO: 37285

Title: Endoscopic ultrasound-guided drainage of pancreatic walled-off necrosis by self-expanding metal stents without fluoroscopy

Reviewer's code: 00045989

Reviewer's country: United States

Science editor: Ya-Juan Ma

Date sent for review: 2018-01-04

Date reviewed: 2018-01-12

Review time: 8 Days

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input type="checkbox"/> High priority for publication
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		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

COMMENTS TO AUTHORS

1. Please provide more details on your patients. Was drainage done in an ICU setting? Were the patients intubated? Did you use anesthesia assistance? Technically, unless there is significant solid debris, the reviewer agrees that EUS imaging is the primary delivery system for lumen-apposing stents. It does not mean, however, that it should be used in patients with 20 cm collections, necrosis going into the pelvis, patients with major infections and septated WON, or those with concomitant biliary tract disease. 2. Comment is required on your patients, re: the timing of intervention, the clinical success relative to the extent of necrosis, the length of follow-up, the need for pigtail stents to treat disconnected pancreatic ducts at time of SEMS removal (>50% in most series), and the presence or absence of concomitant enteric/colonic or biliary fistulae. 3. Did any of these patients have either an MRCP or ERCP to define active PD leak? Many

endoscopists will consider concomitant ERCP if an active PD leak is likely. 4. The issue of follow-up here is crucial. Removal of SEMS when WON is ≤ 4 cm does not mean resolution, particularly in a patient with disconnected PD. Comment is required in the Discussion section.