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# PEER-REVIEW REPORT

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

**Manuscript NO:** 57206

**Title:** Efficacy of pancreatoscopy for pancreatic duct stones: A systematic review and meta-analysis

**Reviewer's code:** 03863452
**Position:** Peer Reviewer
**Academic degree:** MD
**Professional title:** Doctor
**Reviewer's Country/Territory:** United States
**Author's Country/Territory:** United States

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| | |
|---|---|
| **Scientific quality** | [ ] Grade A: Excellent [ ] Grade B: Very good [ Y] Grade C: Good<br>[ ] Grade D: Fair [ ] Grade E: Do not publish |
| **Language quality** | [ Y] Grade A: Priority publishing [ ] Grade B: Minor language polishing<br>[ ] Grade C: A great deal of language polishing [ ] Grade D: Rejection |
| **Conclusion** | [ ] Accept (High priority) [ ] Accept (General priority)<br>[ Y] Minor revision [ ] Major revision [ ] Rejection |
| **Re-review** | [ Y] Yes [ ] No |
| **Peer-reviewer statements** | Peer-Review: [ ] Anonymous [ Y] Onymous<br>Conflicts-of-Interest: [ ] Yes [ Y] No |

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## SPECIFIC COMMENTS TO AUTHORS

To the authors,

Thank you for this meta-analysis of the literature regarding pancreatic duct stone lithotripsy. I believe this will be an important contribution to the limited data that is available on the subject. It is clear from your review that this is a safe and efficacious treatment for symptomatic pancreatic duct stones.

In the discussion section, you stated that half of the studies you included in your analysis had used POP as second-line treatment after ESWL or standard ERCP failed. I have one comment and one question about that.

Comment: PD stone lithotripsy has a high technical success rate and subjecting patients to less efficacious treatment modalities prior to considering POP seems pointless. You did not make any suggestions in the discussion that the treatment of PD stones could be streamlined by using POP as a first-line treatment in all cases. This is what I do in my practice, and then for cases of failure transition to ESWL and repeated POP or standard ERCP; then surgery for stones that cannot be cleared. Your data certainly suggest the POP is better than standard ERCP or ESWL. And I think most who have the technique of POP in their toolkit wouldn't send patients for ESWL or try a standard ERCP prior. I wonder if the 8 studies where POP was used as a second line were referred AFTER those initial procedures had been done and proved unsuccessful. If that data is available you should highlight it in your manuscript.

Question: Was there a higher technical success rate in patients who POP was used as a second-line therapy? Presumably performing ESWL prior to POP could have benefit in partially fracturing large stones. On the other hand, this may be one point of selection bias if patients referred for ESWL prior to POP may have been felt to have more difficult anatomy or stone disease. I think given your large dataset, parsing out the outcomes between first-line POP and second-line POP would be very interesting. I would suggest adding this to your manuscript.

Thank you for allowing me to review you work.