



PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

Manuscript NO: 58049

Title: Predictors of pain response after endoscopic ultrasound-guided celiac plexus neurolysis for abdominal pain caused by pancreatic malignancy

Reviewer's code: 03646821

Position: Peer Reviewer

Academic degree: MD

Professional title: Doctor

Reviewer's Country/Territory: United States

Author's Country/Territory: China

Manuscript submission date: 2020-07-04

Reviewer chosen by: AI Technique

Reviewer accepted review: 2020-07-06 21:05

Reviewer performed review: 2020-07-14 19:37

Review time: 7 Days and 22 Hours

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input checked="" type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Language quality	<input type="checkbox"/> Grade A: Priority publishing <input type="checkbox"/> Grade B: Minor language polishing <input checked="" type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
Conclusion	<input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input checked="" type="checkbox"/> Major revision <input type="checkbox"/> Rejection
Re-review	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Peer-reviewer statements	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No



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SPECIFIC COMMENTS TO AUTHORS

The manuscript by Han et al suggests that patients with pancreatic cancer have a statistically better response at 1 and 4 weeks if the tumor originated in the body or tail of the pancreas whereas patients with distant metastases, celiac plexus invasion, or ganglia that were indistinct or could not be seen by EUS were less likely to have pain relief (defined on an analog scale). The authors appropriately note that the small number of patients in this series and its retrospective nature makes conclusions tentative at best. Specifically: 1. Patient numbers are too small to define outcomes in patients treated with 2 vs 20 cc of alcohol. If efficacy is equivalent between these groups, the reviewer would wonder about beta error or the reproducibility of its subjective pain scale. 2. The very short follow-up (1 and 4 weeks) makes the reviewer question CPN efficacy, especially given small numbers and failure of the authors to report commonly described outcomes in pancreatic cancer. These include: a. Overall survival (OS) and b. Cancer-free survival (CFS) in those undergoing some form of palliative Rx. Did any of these patients have palliative chemo or radiation Rx? 3. Previous data by Cameron et al, Pitt et al, Lillemoe et al...as well as multiple additional reports by the Johns Hopkins surgical team suggest that survival in unresectable patients with pancreatic CA is a function of pain relief with CPN. Can the authors define survival outcomes in those who got significant pain relief vs those who do not? 4. You mention opioid dose in the manuscript but fail to mention what opioid. You also talk about pain relief that responded from 1 - 16 weeks but fail to supply any results beyond 4 weeks. 5. The reviewer strongly suggests manuscript review by a native English speaker with a science background.



PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

Manuscript NO: 58049

Title: Predictors of pain response after endoscopic ultrasound-guided celiac plexus neurolysis for abdominal pain caused by pancreatic malignancy

Reviewer's code: 02951945

Position: Editorial Board

Academic degree: MD

Professional title: Assistant Professor, Doctor

Reviewer's Country/Territory: United States

Author's Country/Territory: China

Manuscript submission date: 2020-07-04

Reviewer chosen by: AI Technique

Reviewer accepted review: 2020-07-06 05:04

Reviewer performed review: 2020-07-26 19:46

Review time: 20 Days and 14 Hours

Scientific quality	<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
Language quality	<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
Conclusion	<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
Re-review	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Peer-reviewer statements	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No



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SPECIFIC COMMENTS TO AUTHORS

Very interesting paper and very well written. However, there are many larger studies (multicentric) validating the role of EU-CPN in pancreatic cancer). But the observation that patients with ganglia invisible and metastatic disease and celiac plexus invasion were significant factors for a negative response to EUS-CPN is relevant. 1) Have you tried celiac plexus block (other than neurolysis) in any of these patients or do you consider it only with chronic pancreatitis? 2) How many patients needed fluid administration after hypotension following the procedure 3) Do you suggest any modification of procedure in at least some sub set of patients who have high risk factors for no response? 4) Do you suggest using a larger bore needle or larger amount of injection in those patients at high risk of having negative response 5) Have you tried this procedure in other malignancies of pancreas- lymphomas and NET with significant pain? If so, what is your experience in comparison to pancreatic adenocarcinoma I would also recommend language review by a Native speaker before resubmission I would suggest having the discussion part more concise and organized.



RE-REVIEW REPORT OF REVISED MANUSCRIPT

Name of journal: World Journal of Gastroenterology

Manuscript NO: 58049

Title: Predictors of pain response after endoscopic ultrasound-guided celiac plexus neurolysis for abdominal pain caused by pancreatic malignancy

Reviewer's code: 03646821

Position: Peer Reviewer

Academic degree: MD

Professional title: Doctor

Reviewer's Country/Territory: United States

Author's Country/Territory: China

Manuscript submission date: 2020-07-04

Reviewer chosen by: Jia-Ping Yan

Reviewer accepted review: 2020-08-19 14:43

Reviewer performed review: 2020-08-26 11:39

Review time: 6 Days and 20 Hours

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input checked="" type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Language quality	<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
Conclusion	<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
Peer-reviewer statements	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



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1. The manuscript and grammar are improved, but the reviewer still has multiple minor changes to suggest. Please see the returned manuscript with some suggestions. 2. You mention following up patients for 16 weeks but provide no data on how many you followed or their response to CPN at that time. Either provide the data, eliminate the statement, or as suggested in your paragraph on efficacy note (“Data not shown”).