



PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

Manuscript NO: 58390

Title: Endoscopic gastric fenestration of debriding pancreatic walled-off necrosis: a pilot study

Reviewer's code: 03727100

Position: Editorial Board

Academic degree: MD, PhD

Professional title: Assistant Professor, Doctor

Reviewer's Country/Territory: Japan

Author's Country/Territory: China

Manuscript submission date: 2020-07-30

Reviewer chosen by: AI Technique

Reviewer accepted review: 2020-07-30 23:36

Reviewer performed review: 2020-08-01 13:55

Review time: 1 Day and 14 Hours

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 Grade A: Excellent [] Grade B: Very good [] Grade C: Good [] Grade D: Fair [] Grade E: Do not publish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



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SPECIFIC COMMENTS TO AUTHORS

Thank you for giving me the chance to read this innovative report. I think that this report will contribute to the development of endoscopic treatment. However, I have some points that I am curious about. Major point 1. Was the case 1 really WON? The WON of case 1 seems to be PPC. If so, the case 1 should be removed from this study? 2. If EGF is performed for WON, is necrosectomy absolutely necessary? 3. When should be the meal started after EGF? 4. I think that readers want to know how to determine the fenestration site in detail. Would you please explain that by using figures of CT, MRI, EGD, EUS? The figures should be added to a discussion part (Page 13, Lines 9-18) or Figure 2, and the part (Page 13, Lines 9-18) should be moved to the "Technique procedures" part, if you can. 5. In the suitable fenestration sites, ulceration of gastric mucosa was raised. Could the EGF been performed at the site near the gastric ulcer? 6. If the patient 1 could be removed and the explanation about the suitable fenestration sites is moved to the "Methods" section, the discussion part become shorter. Therefore, the consideration about the difference between EGF and LAMS should be more discussed referencing past reports about LAMS. Minor point 1. In page 3, line 2, the word "WON" had not spelled out.



PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

Manuscript NO: 58390

Title: Endoscopic gastric fenestration of debriding pancreatic walled-off necrosis: a pilot study

Reviewer's code: 03258862

Position: Editorial Board

Academic degree: MBBS, MD

Professional title: Associate Professor

Reviewer's Country/Territory: India

Author's Country/Territory: China

Manuscript submission date: 2020-07-30

Reviewer chosen by: AI Technique

Reviewer accepted review: 2020-08-01 09:08

Reviewer performed review: 2020-08-01 18:33

Review time: 9 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
Re-review	<input type="checkbox"/> Yes <input checked="" 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

In this study, Authors have presented a case series of Endoscopic gastric fenestration (EGF) as an innovative and promising alternative intervention for WON adherent to gastric wall. I congratulate professor Wen Li for presenting an innovative technique.

My Concerns are Direct endoscopic necrosectomy is not required in all patients of WON and about 20%–90% of patients with WON can be treated by endoscopic drainage alone, with either a plastic stent (PS) or fully covered metallic stent. The success rate of DEN is 90-100% and an average 2-3 sessions of necrosectomy are required. Author should discuss about advantage of this technique. Cost analysis was based on the use of LAMS. However, RECENT studies showed that the plastic stent is as effective as LAMS.

The criteria for cost analysis is not clear. Cost of using endoscopy suit and endoscopist fees depends on time of procedure. Cost of LEMS is variable in different country. Please segregate these in cost analysis. The average postoperative hospital stay was 17.8 days (range, 8-36 days), therefore, lost work day due to prolonged hospitalisation should also be considered in cost analysis. Case-3: Comparison of EGF and LAMS is little tricky because of difference in location and other characteristic of two WON. Case-1: Less precise selection of the incision site and direction of dissection were other reasons for failures ? [CT scan and EUS picture (Figure 1 e and h)]



PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

Manuscript NO: 58390

Title: Endoscopic gastric fenestration of debriding pancreatic walled-off necrosis: a pilot study

Reviewer's code: 03667297

Position: Editorial Board

Academic degree: MBBS, MD

Professional title: Assistant Professor

Reviewer's Country/Territory: India

Author's Country/Territory: China

Manuscript submission date: 2020-07-30

Reviewer chosen by: AI Technique

Reviewer accepted review: 2020-08-02 11:06

Reviewer performed review: 2020-08-02 11:54

Review time: 1 Hour

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 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
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

Dear authors I want to know why the procedural cost is significantly high in the failed case.



PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

Manuscript NO: 58390

Title: Endoscopic gastric fenestration of debriding pancreatic walled-off necrosis: a pilot study

Reviewer's code: 03474664

Position: Peer Reviewer

Academic degree: FACG, FASGE, MD

Professional title: Assistant Professor

Reviewer's Country/Territory: United States

Author's Country/Territory: China

Manuscript submission date: 2020-07-30

Reviewer chosen by: AI Technique

Reviewer accepted review: 2020-08-01 02:40

Reviewer performed review: 2020-08-02 18:45

Review time: 1 Day and 16 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 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



SPECIFIC COMMENTS TO AUTHORS

This is an interesting manuscript describing a novel technique to achieve endoscopic drainage of WON cavities in the pancreas. This technique obviates the need of a LAMS which although is considered standard of care by a recent consensus on the topic, is quite expensive and some institutions may not have access to it. The limitations of it are those such of any initial case series or reports: the technique needs to be studied in a large sample size and compared to the traditional one that utilizes LAMS. I have the following comments/questions: 1. The text and the tables differ on how long after pancreatitis the procedure was done. Text says 4 weeks but table says sometimes up to 3.5 months. The 17 months I assume is a typo error. Please clarify What does EUS guided expanded fenestration mean? Please clarify In the table: Why patients 4 and 5 did not have a nasocystic tube placed? And why were they fasting only for 1 day? Why did patients 1-3 fast for longer time? (7 days) Although the technique obviates the need for a LAMS, the total cost of the technique reported in the manuscript seem to be inaccurate. The patients need to stay in the hospital for too long (8-36 days) and they need TPN. Also, all the patients underwent subsequent CT scans during their stay after the EGF. All these aspects of the technique add up to the overall cost of it. I am concerned about the very likely possibility that the authors are underestimating the cost of the technique when they state the cost was \$2139.00. That may be the cost of the procedure only, but this technique is generates many more extra costs that the regular LAMS technique does not. What is the expanded fenestration with snare the text talks about? Please explain The second to last sentence in the section titled: "Endoscopic procedures characteristics" is confusing. Did the authors mean "the area of initial fenestration was EXPANDED rather than "narrowed" gradually? in this sentence? It is not clear how the authors internalized the drain in patient # 1 and how was the



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recurrent infection after internalization was managed. How many necrosectomies did each patient need to clear the cavity? I am concerned about the fact that the gastric window closed significantly within 1 week. This would preclude further endoscopic necrosectomies if needed. Did the authors have to dilate the opening to perform subsequent necrosectomies?



RE-REVIEW REPORT OF REVISED MANUSCRIPT

Name of journal: World Journal of Gastroenterology

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Title: Endoscopic gastric fenestration of debriding pancreatic walled-off necrosis: a pilot study

Reviewer's code: 03667297

Position: Editorial Board

Academic degree: MBBS, MD

Professional title: Assistant Professor

Reviewer's Country/Territory: India

Author's Country/Territory: China

Manuscript submission date: 2020-07-30

Reviewer chosen by: Jia-Ping Yan

Reviewer accepted review: 2020-08-24 07:36

Reviewer performed review: 2020-08-24 09:02

Review time: 1 Hour

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 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
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
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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No specific comments for authors.