

## PEER-REVIEW REPORT

**Name of journal:** World Journal of Gastrointestinal Endoscopy

**Manuscript NO:** 66036

**Title:** Endoscopic retrograde cholangiopancreatography: Current practice and future research

**Reviewer's code:** 02537509

**Position:** Peer Reviewer

**Academic degree:** PhD

**Professional title:** Doctor

**Reviewer's Country/Territory:** Spain

**Author's Country/Territory:** United States

**Manuscript submission date:** 2021-03-19

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2021-03-19 23:10

**Reviewer performed review:** 2021-03-27 20:51

**Review time:** 7 Days and 21 Hours

<b>Scientific quality</b>	<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 Grade E: Do not publish
<b>Language quality</b>	<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
<b>Conclusion</b>	<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
<b>Re-review</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>Peer-reviewer statements</b>	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No



**Baishideng  
Publishing  
Group**

7041 Koll Center Parkway, Suite  
160, Pleasanton, CA 94566, USA  
**Telephone:** +1-925-399-1568  
**E-mail:** [bpgoffice@wjgnet.com](mailto:bpgoffice@wjgnet.com)  
<https://www.wjgnet.com>

#### **SPECIFIC COMMENTS TO AUTHORS**

Very interesting and instructive review about the recent advances in the prevention of ERCP infection, quality improvement, biliopancreatic access, and management of biliopancreatic diseases. The review has been clearly presented and is easy to read. In my opinion, this paper can be accepted for publication. Congratulations!

## PEER-REVIEW REPORT

**Name of journal:** World Journal of Gastrointestinal Endoscopy

**Manuscript NO:** 66036

**Title:** Endoscopic retrograde cholangiopancreatography: Current practice and future research

**Reviewer's code:** 00503834

**Position:** Editorial Board

**Academic degree:** MD

**Professional title:** Associate Professor, Attending Doctor

**Reviewer's Country/Territory:** Taiwan

**Author's Country/Territory:** United States

**Manuscript submission date:** 2021-03-19

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2021-03-22 03:00

**Reviewer performed review:** 2021-03-29 08:14

**Review time:** 7 Days and 5 Hours

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



**Baishideng  
Publishing  
Group**

7041 Koll Center Parkway, Suite  
160, Pleasanton, CA 94566, USA  
**Telephone:** +1-925-399-1568  
**E-mail:** bpgoffice@wjgnet.com  
<https://www.wjgnet.com>

#### **SPECIFIC COMMENTS TO AUTHORS**

1. Present duodenoscopy disinfection was good. Worry about the spread of multidrug resistant organism was a little bit overemphasize. 2. Disposable duodenoscope was very expensive. People of underdeveloped, developing country and even nonrich person in USA cannot afford it. 3. There are many ways to minimize post-ERCP pancreatitis. I strongly believe that well training and experience ERCPscopist was most essential. They can avoid or minimize barometric and thermal injury to the pancreas and resulting in absent pancreatitis or significantly reduce severity of pancreatitis. So ERCPscope should be work independently after well training. 4. Well trained ERCPscopist and experience ERCP-team can shorten time for ERCP, so mild to moderate sedation was sufficient for patient to tolerate ERCP procedure. I perform ERCP for more than 30 years with mild to moderate sedation only. 5. Your review paper was general and detail. Ideas were reasonable. Congratulations.

## PEER-REVIEW REPORT

**Name of journal:** World Journal of Gastrointestinal Endoscopy

**Manuscript NO:** 66036

**Title:** Endoscopic retrograde cholangiopancreatography: Current practice and future research

**Reviewer's code:** 05710028

**Position:** Peer Reviewer

**Academic degree:** MD, PhD

**Professional title:** Associate Professor

**Reviewer's Country/Territory:** Japan

**Author's Country/Territory:** United States

**Manuscript submission date:** 2021-03-19

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2021-03-21 02:57

**Reviewer performed review:** 2021-03-30 14:18

**Review time:** 9 Days and 11 Hours

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

## **SPECIFIC COMMENTS TO AUTHORS**

I have read this review article with a great interest. Authors described current status and future perspectives regarding ERCP citing newest evidences. I think this article is worth of publication. However, I will indicate a few points to be revised. #1 2. CANNULATION, BILIARY ACCESS, AND ALTERED ANATOMY A) EUS assisted biliary access Authors mention about EUS-guided biliary drainage with a LAMS. However, a LAMS can be used for EUS-guided choledochoduodenostomy (CDS) for distal biliary obstruction alone. It looks strange to state only distal biliary obstruction. Authors had better describe all of EUS-guided biliary drainage (including hepaticogastrostomy) using various stents, or delete this part regarding EUS-guided transmural biliary drainage. #2 B) Overtube-assisted enteroscopy (OAE) and laparoscopic surgery-assisted ERCP In 1st paragraph "The pooled rates of enteroscopy and technical success of double-balloon enteroscopy ERCP (DBE-ERCP) in 4 studies was higher at 83.5% (95% CI 68.3-92.2) and 72.5% (95% CI 52.3-86.4), respectively." cannot be understood. Please reconsider this sentence. #3 3. ERCP AND ITS ROLE IN THE DIAGNOSIS AND MANAGEMENT OF BILIARY DISEASE B) ERCP in strictures and cholangiocarcinoma: Diagnosis and management In the last paragraph, "....if the patient received a biliary stent-only alone (8.3 months  $\pm$  0.5 P < 0.001). " I think "stent-only alone" should be corrected. #4 Ref. 85 and 97 are same. #5 Two "Figure 4" are present. Latter one should be changed to "Figure 5", including in the text.

## PEER-REVIEW REPORT

**Name of journal:** World Journal of Gastrointestinal Endoscopy

**Manuscript NO:** 66036

**Title:** Endoscopic retrograde cholangiopancreatography: Current practice and future research

**Reviewer's code:** 05429162

**Position:** Peer Reviewer

**Academic degree:** MD

**Professional title:** Academic Fellow, Doctor, Research Fellow

**Reviewer's Country/Territory:** Japan

**Author's Country/Territory:** United States

**Manuscript submission date:** 2021-03-19

**Reviewer chosen by:** Ya-Juan Ma

**Reviewer accepted review:** 2021-03-29 07:04

**Reviewer performed review:** 2021-04-03 05:35

**Review time:** 4 Days and 22 Hours

<b>Scientific quality</b>	<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
<b>Language quality</b>	<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
<b>Conclusion</b>	<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
<b>Re-review</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Peer-reviewer statements</b>	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**

Summary Sanders et al. reviewed current status and future perspectives of the Endoscopic Retrograde Cholangiopancreatography (ERCP). The article includes multiple points of view, such as diagnostic ERCP, combination technique of ERCP and EUS. The manuscript gives valuable information for readers, however, there are some points to be revised. Major points [Introduction] 1) Page 4; The sentence shown below does not seem essential for drafting the manuscript. Also the sentence is difficult to understand for non-native English speaker. Please consider to delete or change the sentence: As endoscopists and physicians, we are humbly reminded of the adage from Heraclitus that “the only constant in life is change.” [1. INFECTION PREVENTION AND QUALITY IMPROVEMENT] [A) Disposable duodenoscopes] 1) Page 5: The following sentence may be confusing for non-native English speaker. Please reconsider the sentence: this past year was a somber reminder of our oath of “primum non nocere.” 2) Page 5-6: Indeed, the disposable duodenoscopes has an advantage for prevention of patient-to-patient transmission of infections. However, the information of working channel diameter, up lifting angle of working channel, viewing angle should be described. [B) Periprocedural management: Anesthesia involvement and propofol use in ERCP] 1) In the periprocedural management for propofol anesthesia, the respiratory depressant action can be problematic in certain situation. Please describe pros and cons for using anesthesia comparing with another sedative drugs, such as midazolam or diazepam. [C) Future directions: Reducing post ERCP pancreatitis] 1) The use of the indomethacin has certain benefits preventing post-ERCP pancreatitis. However, the dose of indomethacin in the manuscript shown in this article is relatively high (100mg). Please describe the dose of indomethacin and potential side effects. [2. CANNULATION, BILIARY ACCESS, AND ALTERED ANATOMY] [B) Overtube-assisted enteroscopy



(OAE) and laparoscopic surgery-assisted ERCP] Page 8: The author described “patients with a roux-en-y with gastric bypass had a successful ERCP in just 70% of cases”. Please describe this successful rate described whether the technical success or clinical success. (Cai et al. Surg Endosc. 2017 Jul;31(7):2753-2762. doi: 10.1007/s00464-016-5282-2.) [C] EUS-directed transgastric ERCP (EDGE)] Page 10: The adequate interval from EUS placement of a translaminar stent to subsequent ERCP should be described. Please discuss the interval duration from EUS to subsequent ERCP. [4. PANCREATIC DISEASE: PANCREATIC STONES AND PANCREATIC LEAKS] [B) Pancreatoscopy, pancreatic stones, and pancreatic leaks] 1) Page 14: The usefulness of the Spyglass is referred in this section. Please describe the manufacturer and location of the manufacturer should be described as in the disposable duodenoscope. Minor points [C] EUS-directed transgastric ERCP (EDGE)] 1) Page 9: The term “Roux-en-Y” should be used consistently. The term “Roux-en-Y” was described as “roux-en-y” in the previous section. Please be consistent with the terms you use.