



## PEER-REVIEW REPORT

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

**Manuscript NO:** 70236

**Title:** Gallbladder biliary lithotripsy: A new rationale applied to old treatment

**Provenance and peer review:** Invited Manuscript; Externally peer reviewed

**Peer-review model:** Single blind

**Reviewer's code:** 05226098

**Position:** Editorial Board

**Academic degree:** MD, PhD

**Professional title:** Associate Professor, Director

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

**Author's Country/Territory:** Italy

**Manuscript submission date:** 2021-07-27

**Reviewer chosen by:** Ze-Mao Gong

**Reviewer accepted review:** 2021-09-02 11:06

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**Review time:** 1 Hour

<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 Grade E: Do not publish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 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Peer-reviewer</b>	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous



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Conflicts-of-Interest: [ ] Yes [Y] No

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

EUS-guided gallbladder stone removal may be useful for patients who are not suitable for surgery and is a promising treatment in the future.



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**Reviewer's code:** 05619876

**Position:** Peer Reviewer

**Academic degree:** MD, PhD

**Professional title:** Associate Chief Physician, Associate Professor

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

**Author's Country/Territory:** Italy

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**Reviewer accepted review:** 2021-09-02 23:41

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<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 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Peer-reviewer</b>	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous



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Conflicts-of-Interest: [ ] Yes [Y] No

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

The authors discussed pure endoscopic treatment of combined cholelithiasis and choledocolithiasis is possible due to the possibility to use together both ERCP and EUS approaches. I suggest that is would be published in the WJG.



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**Peer-review model:** Single blind

**Reviewer's code:** 05846802

**Position:** Peer Reviewer

**Academic degree:** MD

**Professional title:** Doctor

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

**Author's Country/Territory:** Italy

**Manuscript submission date:** 2021-07-27

**Reviewer chosen by:** Ze-Mao Gong

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**Reviewer performed review:** 2021-09-06 12:14

**Review time:** 4 Days and 10 Hours

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



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Conflicts-of-Interest: [ ] Yes [Y] No

### **SPECIFIC COMMENTS TO AUTHORS**

This Letter to the editor is a comment on the management of cholelithiasis with choledocholithiasis. Here below my concern. Questions and comments to authors: Although I can understand the clinical implication of EUS-guided cholecystoduodenectomy, it seems to be different from the main theme. The aim of the manuscript review is to provide practical advice and an overview of how to manage patients with “cholelithiasis and choledocholithiasis”. This manuscript’s authors reported the management of patients who had cholelithiasis with choledocholithiasis. As the authors pointed out, EUS-guided cholecystoduodenectomy and lithotripsy is the good treatment to avoid eventually obstruction of the biliary edge of the stent. However, what should treat about the treatment of common bile duct stones? This is only a description of treatment for gallbladder stones or cholecystitis alone, and is not likely to be involved in the main topic.



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**Peer-review model:** Single blind

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**Position:** Editorial Board

**Academic degree:** MD, PhD

**Professional title:** Professor

**Reviewer's Country/Territory:** South Korea

**Author's Country/Territory:** Italy

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<b>Scientific quality</b>	<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
<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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>Peer-reviewer</b>	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous



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

This is a very interesting paper. Usually we perform a laparoscopic cholecystectomy following ERCP in patients with gallstone and CBD stone. We can perform in one session in operating room like cholecystectomy and CBDE or intraoperative ERCP. However, there are sometimes patients who have difficulty in surgical treatment. This paper would be helpful for surgeon who treat patients with gallstone and CBD stone especially unfit for surgery.



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**Peer-review model:** Single blind

**Reviewer's code:** 05710028

**Position:** Editorial Board

**Academic degree:** MD, PhD

**Professional title:** Associate Professor

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

**Author's Country/Territory:** Italy

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**Reviewer performed review:** 2021-09-12 15:54

**Review time:** 10 Days and 9 Hours

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<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 type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input checked="" type="checkbox"/> Major revision <input type="checkbox"/> Rejection
<b>Re-review</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Peer-reviewer</b>	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous



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Conflicts-of-Interest: [ ] Yes [Y] No

## SPECIFIC COMMENTS TO AUTHORS

Manuscript ID: 70236 Manuscript Title: GALLBLADDER BILIARY LITHOTRIPSY: A NEW RATIONALE APPLIED TO OLD TREATMENT. All Author List: Lorenzo Dioscoridi and Massimiliano Mutignani Manuscript Type: Letter to the Editor Lorenzo Dioscoridi et al. have advocated that EUS-guided GB drainage (with or without lithotripsy) and ERCP-guided CBD removal can be promising alternative to combination of ERCP and surgical approach. The authors have cited the article written by Dr. Teoh AYB (Teoh AYB, Leung CH, Tam PTH, et al. EUS-guided gallbladder drainage versus laparoscopic cholecystectomy for acute cholecystitis: a propensity score analysis with 1-year follow-up data. *Gastrointest Endosc* 2020.), which showed similar efficacy and long-term outcome of EUS-GBD with lithotripsy in poor surgical candidates compared to LC in good surgical candidates. This result suggests that EUS-GBD with lithotripsy can be a first line treatment even in good surgical candidates. However, I have several major concerns for applying EUS-GBD for good surgical candidates. 1. As Dr. Todd Baron mentioned in editorial (Baron TH. EUS-guided gallbladder drainage is as good as laparoscopic cholecystectomy for symptomatic cholelithiasis: Wait!...what?! *Gastrointest Endosc* 2021;93:584-585.), Dr. Teoh's study is not an apples-to-apples comparison of EUD-GBD with surgery. 2. Dr. Teoh's study included only patients with cholecystitis by gallstones. Gallbladder with cholecystitis can be easily drained via EUS-guidance because of gallbladder distention. On the contrary, gallbladder without cholecystitis is hard to be drained by EUS because of the lack of enlargement and distention of the gallbladder. In such a situation without cholecystitis, special techniques such as a retrievable puncture anchor traction method (Zhang K, Sun S, Guo J, et al. Retrievable puncture anchor traction method for EUS-guided gallbladder drainage: A porcine



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study. *Gastrointest Endosc* 2018;88:957- 63.) are needed. After all, the article by Cianci P, Restini E. "Management of cholelithiasis with choledocholithiasis: Endoscopic and surgical approaches. *World J Gastroenterol* 2021; 27(28): 4536-4554." are discussing about treatment of cholelithiasis with choledocholithiasis, not only cholecystitis. Because the difficulties and procedural risks of EUS-guided GB drainage with lithotripsy for patients with only gallstones is difficult from that for patients with cholecystitis, authors should discuss considering this point.



## RE-REVIEW REPORT OF REVISED MANUSCRIPT

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**Reviewer's code:** 05846802

**Position:** Peer Reviewer

**Academic degree:** MD

**Professional title:** Doctor

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

**Author's Country/Territory:** Italy

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**Reviewer accepted review:** 2021-11-16 07:49

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<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>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



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

Comments to Author Thank you for your response to my comments on the peer review. I confirmed a corrected article. The article was corrected adequately.



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**Review time:** 2 Hours

<b>Scientific quality</b>	<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
<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 type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input checked="" type="checkbox"/> Major revision <input type="checkbox"/> Rejection
<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



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## **SPECIFIC COMMENTS TO AUTHORS**

Dear authors, thank you for your revision. I have one major point to be reconsidered.

Regarding this sentence, "The main limitations of EUS-guided gallbladder drainage are still the need of a sufficient loosening of the gallbladder to guarantee a safe puncture and the absence of extraluminal pericholecystic fluid collection." What does a sufficient loosening of the GB mean? Generally, a distention of the GB is required for safe puncture, especially in using LAMS. When the GB is not sufficiently distended, the GB is easily moving away from the duodenum during puncture or LAMS insertion. Therefore, cholecystitis is the good candidate for EUS-GBD. On the contrary, the GB without cholecystitis is so much difficult to be drained endosonographically. Anchor traction method could be a useful tool for this situation. On the other hand, intracystic lithotripsy has a high risk of perforation as the authors mentioned. Therefore, the lithotripsy is usually performed in the second session after resolution of cholecystitis by EUS-GBD, not single session. In summary, Gallbladder stones without cholecystitis is difficult to be treated using EUS-GBD so far. Evolving the dedicated devices such as anchor traction method should be required in future. Gallbladder stones with cholecystitis can be treated by EUS-GBD with LAMS. However, stone extraction or lithotripsy should be performed in the second session. Therefore, I consider that single-session therapy with EUS and ERCP for GB and CBD stones are difficult so far.