

PEER-REVIEW REPORT

Name of journal: *World Journal of Gastroenterology*

Manuscript NO: 71668

Title: Biliary metal stents should be placed near the hilar duct in distal malignant biliary stricture patients

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 02897448

Position: Editorial Board

Academic degree: MD, PhD

Professional title: Chief Doctor, Professor

Reviewer's Country/Territory: China

Author's Country/Territory: Japan

Manuscript submission date: 2021-09-17

Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-09-20 01:29

Reviewer performed review: 2021-10-03 07:57

Review time: 13 Days and 6 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 Grade E: Do not publish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="radio"/>] Anonymous [<input type="radio"/>] Onymous Conflicts-of-Interest: [<input type="radio"/>] Yes [<input checked="" type="radio"/>] No
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SPECIFIC COMMENTS TO AUTHORS

Endoscopic ultrasound-guided biliary drainage (EUS-BD) using a self-expandable metallic stent (SEMS) has been widely performed to treat distal malignant biliary obstruction after unsuccessful endoscopic retrograde cholangiopancreatography (ERCP). However, the appropriate positioning of the stent remains unclear. The aim of the study is to determine the ideal position for SEMS placement. A total of 127 patients with biliary obstruction between the junction of the cystic duct and Vater papilla were enrolled in this study. The conclusion is a longer patency period could be achieved by positioning the SEMS near the biliary hilar duct. Although this study is retrospective, it has reached clinically useful conclusions. A large number of patients were included. Congratulations to the authors for completing such a study.

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Title: Biliary metal stents should be placed near the hilar duct in distal malignant biliary stricture patients

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 05106340

Position: Editorial Board

Academic degree: MD, PhD

Professional title: Professor

Reviewer's Country/Territory: China

Author's Country/Territory: Japan

Manuscript submission date: 2021-09-17

Reviewer chosen by: AI Technique

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Reviewer performed review: 2021-10-18 07:22

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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 type="checkbox"/>] Anonymous [<input checked="" type="checkbox"/> Y] Onymous Conflicts-of-Interest: [<input type="checkbox"/>] Yes [<input checked="" type="checkbox"/> Y] No
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SPECIFIC COMMENTS TO AUTHORS

Generally, the topic is very interesting. Biliary drainage is an age old question, and concerns are mainly the necessary, safety, and efficacy, as well as materials. As everyone knows location is an important factor of patency and efficacy, but no literature have been published on this issue. This paper revealed that “a longer patency period could be achieved by positioning the SEMS near the biliary hilar duct”, which is of importance in clinical. In addition, the manuscript is well designed. However, there are several minor problems. 1)Definition of “near” remains blur and is of controversy,, which need a wider consensus. 2)The study period is 10 years, which is too long in my opinion. During this period, great changes have happened on biliary drainage, such as indications, material (metal vs. plastic; cover vs. uncover; et al)and technique (PTBD vs. EBD vs. other), which would affected the location of the tube and in turn have an unavoidable impact on the patency, safety, and efficacy of the biliary drainage, as well as location. Please make further analysis to strength your conclusion; if not, please emphasize it in the Discussion. 3)References in the “Introduction” are a little timeworn, please update the latest publications. 4)In the introduction, the main theme of this study (the position but not technique of stent) was a little inadequate, compared with other background. 5)Please clarify the origin of “DMBO”, distal bile duct, duodenum, and pancreatic? 6)As shown in Fig2, the length of the tube was also one of factors of patency in my opinion; while, on the other hand, axial force related to the tube should also be discussed in the Discussion.

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Title: Biliary metal stents should be placed near the hilar duct in distal malignant biliary stricture patients

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 00224495

Position: Peer Reviewer

Academic degree: MD

Professional title: Professor

Reviewer's Country/Territory: South Korea

Author's Country/Territory: Japan

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Reviewer performed review: 2021-10-28 07:41

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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 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 article is a retrospective comparative study about the appropriate positioning of the SEMS used for endoscopic biliary drainage. The aim of this study to determine which position was ideal for SEMS placement was pretty reasonable, but its execution was lacking in significant parts, such as missing data and a discrepancy between the study design and the analyzed results. Therefore, this article is far from containing any new information of significant value, and I do not recommend this paper for publication. If it is even to be considered for publication, major revision is required.

This article classified the causes of SEMS dysfunction into ingrowth, overgrowth, ingrowth and overgrowth, top edge closed by the CBD wall, and dislocation. The main cause of SEMS dysfunction in this article was overgrowth. However, It did not include sludge formation (encrustation) or food debris in the causes of SEMS dysfunction. Sludge formation is usually the most crucial cause of SEMS dysfunction, and Its incidence as the cause of SEMS dysfunction is higher than that of overgrowth in both covered and uncovered SEMS and that of ingrowth in covered SEMS in almost all randomized controlled studies between covered and uncovered SEMS. (Isayama et al. Gut 2004;53:729-734, Telford et al. Gastrointest Endosc 2010;72:907-914, Krokidis M et al. Cardiovasc Intervent Radiol 2010;33:97-106, Kitano et al. Am J Gastroenterol 2013;108:1713-1722) I can not understand why this article did not include sludge formation as the cause of SEMS dysfunction. This fact is a serious flaw in the results of this article.

As the authors mentioned in the discussion section, the type of SEMS is too heterogeneous, and the axial force and radial force are too different among SEMSs. These can only affect the results of this article. This fact is a severe flaw in the study



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design of this article. The authors stated in the discussion section that a closed top edge by the CBD wall could be prevented by using a longer SEMS. However, a closed top edge by the CBD wall occurs only in the SEMS with higher axial force. Please clarify in the result section which stents cause it.