

PEER-REVIEW REPORT

Name of journal: *World Journal of Clinical Cases*

Manuscript NO: 73076

Title: Rectal nonsteroidal anti-inflammatory drugs, glyceryl trinitrate, or their combinations in the prophylaxis of post-endoscopic retrograde cholangiopancreatography pancreatitis: A network meta-analysis

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 05722857

Position: Peer Reviewer

Academic degree: MD, PhD

Professional title: Associate Professor

Reviewer's Country/Territory: Czech Republic

Author's Country/Territory: China

Manuscript submission date: 2021-11-10

Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-11-17 11:37

Reviewer performed review: 2021-11-17 20:28

Review time: 8 Hours

Scientific quality	[<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] Grade E: Do not publish
Language quality	[<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
Conclusion	[<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



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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

SPECIFIC COMMENTS TO AUTHORS

Excellent analysis of possible postERCP AP prevention. Interesting results that the combination of the two suggested options (NSAID plus nitrate) is the most effective. Very robust literature search with excellent data extraction and analysis. Question for the authors: why is always rectal use of NSAID recommended why not i.v.? Is there any data on that in the literature? Not everybody likes suppositoria application :) Could authors add several sentences addressing this in the Discussion?

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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: China

Manuscript submission date: 2021-11-10

Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-11-24 03:04

Reviewer performed review: 2021-11-24 12:47

Review time: 9 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 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
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SPECIFIC COMMENTS TO AUTHORS

This network meta-analysis showed that the combination of rectal indomethacin 100 mg with sublingual glyceryl trinitrate (GTN) was the most effective strategy for preventing PEP; however, there was only two research on the combination of rectal diclofenac and sublingual GTN. It is unclear whether it is correct to evaluate with this two research. It should be evaluated by a large number of RCTs.