

PEER-REVIEW REPORT

Name of journal: *World Journal of Gastroenterology*

Manuscript NO: 75751

Title: Endoscopic salvage therapy after failed biliary cannulation using advanced techniques: A concise review

Provenance and peer review: Invited manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 05072280

Position: Associate Editor

Academic degree: MD, PhD

Professional title: Professor

Reviewer's Country/Territory: China

Author's Country/Territory: Taiwan

Manuscript submission date: 2022-02-13

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-02-16 12:19

Reviewer performed review: 2022-02-19 15:33

Review time: 3 Days and 3 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 Grade E: Do not publish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 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
Re-review	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No



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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

The authors reviewed that there is currently no consensus on the next steps in treatment in the setting of difficult bile duct intubation. This review aims to propose and discuss potential endoscopic options, alone or in combination with the percutaneous procedure, for patients who have failed initial ERCP due to difficult bile duct cannulation. The authors summarized these three endoscopic salvage methods more comprehensively and elaborates on how to choose these three methods in different situations, which can provide better clinical guidance for clinical gastroenterologists.

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Manuscript NO: 75751

Title: Endoscopic salvage therapy after failed biliary cannulation using advanced techniques: A concise review

Provenance and peer review: Invited manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 05465429

Position: Peer Reviewer

Academic degree: MD

Professional title: Doctor, Staff Physician

Reviewer's Country/Territory: Italy

Author's Country/Territory: Taiwan

Manuscript submission date: 2022-02-13

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-02-20 11:30

Reviewer performed review: 2022-02-27 23:37

Review time: 7 Days and 12 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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SPECIFIC COMMENTS TO AUTHORS

Dear Editor, Dear Authors, I read with great interest the manuscript entitled "Endoscopic salvage therapy after failed biliary cannulation using advanced techniques: A concise review" by Tsou YK et al. This was a well conducted narrative review with regard to endoscopic salvage therapy after ERCP failure due to difficult bile duct cannulation. I consider the manuscript relevant for the research context. I have the following minor comments only: 1. Percutaneous-transhepatic-endoscopic rendezvous procedures (PTE-RV): We were only able to find six studies (441 patients in total) in the past decade; all of them were retrospective (Table 3) □ (Table 2). 2. A table summarizing the studies reporting on EUS-assisted rendezvous technique should be added.