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PEER-REVIEW REPORT

Name of journal: *World Journal of Gastroenterology*

Manuscript NO: 81585

Title: Timing of biliary decompression for acute cholangitis

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 03534021
Position: Peer Reviewer
Academic degree: MD
Professional title: Doctor
Reviewer's Country/Territory: Japan
Author's Country/Territory: China

Manuscript submission date: 2022-11-16

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-11-18 21:15

Reviewer performed review: 2022-11-23 06:29

Review time: 4 Days and 9 Hours

Scientific quality	[ ] Grade A: Excellent [ ] Grade B: Very good [ ] Grade C: Good [Y] Grade D: Fair [ ] Grade E: Do not publish
Novelty of this manuscript	[ ] Grade A: Excellent [ ] Grade B: Good [ ] Grade C: Fair [ ] Grade D: No novelty
Creativity or innovation of this manuscript	[ ] Grade A: Excellent [ ] Grade B: Good [ ] Grade C: Fair [ ] Grade D: No creativity or innovation

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Scientific significance of the conclusion in this manuscript	[ ] Grade A: Excellent [ ] Grade B: Good [ ] Grade C: Fair [ ] Grade D: No scientific significance
Language quality	[ ] Grade A: Priority publishing [Y] Grade B: Minor language polishing [ ] Grade C: A great deal of language polishing [ ] Grade D: Rejection
Conclusion	[ ] Accept (High priority) [ ] Accept (General priority) [Y] Minor revision [ ] Major revision [ ] Rejection
Re-review	[ ] Yes [Y] No
Peer-reviewer statements	Peer-Review: [Y] Anonymous [ ] Onymous
	Conflicts-of-Interest: [ ] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

Yang J et al. have made comments to the retrospective, single-center study reported by Huang et al. titled "Timing of endoscopic retrograde cholangiopancreatography (ERCP)in the treatment of acute cholangitis of different severity" in the World Gastroenterology. Huang et al. noted that the optimal time of ERCP for treating patients with severe acute cholangitis is ≤48 but not ≤24 hours. In this letter to the editor, Yang J et al. highlighted the controversy regarding the optimal timing of bile duct implementation: recent clinical evidence and guidelines recommend ERCP within 12 hours, indicating that the optimal timing of bile duct implementation remains controversial. Further, they presented future outlook, proposing a multicenter prospective cohort study or randomized controlled trial to clarify the optimal timing of ERCP in order to improve the therapeutic benefit to patients with different severity of acute cholangitis. Here, I would like to make one comment. In the abstract, there is no description about authors' future outlook, so the work is not reflected.

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Reviewer's code: 02547883
Position: Peer Reviewer
Academic degree: MD, PhD
Professional title: Associate Professor
Reviewer's Country/Territory: Japan
Author's Country/Territory: China

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Reviewer accepted review: 2022-12-08 12:38

Reviewer performed review: 2022-12-16 13:17

Review time: 8 Days

Scientific quality	[ ] Grade A: Excellent [Y] Grade B: Very good [ ] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish
Novelty of this manuscript	[ ] Grade A: Excellent [ ] Grade B: Good [ ] Grade C: Fair [ ] Grade D: No novelty
Creativity or innovation of this manuscript	[ ] Grade A: Excellent [ ] Grade B: Good [ ] Grade C: Fair [ ] Grade D: No creativity or innovation

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Conclusion	[ ] Accept (High priority) [Y] Accept (General priority) [ ] Minor revision [ ] Major revision [ ] Rejection
Re-review	[Y] Yes [ ] No
Peer-reviewer statements	Peer-Review: [Y] Anonymous [ ] Onymous
	Conflicts-of-Interest: [ ] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

Comment This submission is a letter to the editor (LTE) commenting on "Timing of endoscopic retrograde cholangiopancreatography in the treatment of acute cholangitis of different severity" by Huang et al. published in October 2022 in the World Journal of Gastroenterology. The authors critically examine the pros and cons of acute biliary decompression in severe cases of acute cholangitis with the latest findings, including this article. In addition, suggestions are made for the future to further advance the current evidence. The assertions made in the article are quite reasonable, and I, as a reviewer, must welcome this submission in this journal as an LTE.