

ESPS Peer-review Report**Name of Journal:** World Journal of Gastroenterology**ESPS Manuscript NO:** 8929**Title:** Effects of rectal indomethacin in the prevention of post-ERCP pancreatitis**Reviewer code:** 02861620**Science editor:** Gou, Su-Xin**Date sent for review:** 2014-01-23 09:47**Date reviewed:** 2014-01-28 06:58

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A (Excellent)	<input type="checkbox"/> Grade A: Priority Publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B (Very good)	<input type="checkbox"/> Grade B: minor language polishing	<input type="checkbox"/> Existed	<input type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C (Good)	<input type="checkbox"/> Grade C: a great deal of language polishing	<input type="checkbox"/> No records	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D (Fair)	<input type="checkbox"/> Grade D: rejected	<input type="checkbox"/> Existed	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)		<input type="checkbox"/> No records	<input type="checkbox"/> Major revision

COMMENTS TO AUTHORS

Thank you for your very interesting submission to the journal, and explores new territories in the field of prevention of post-ERCP pancreatitis. There are a few areas that would benefit from further explanation: 1. Please explain how randomization was performed in your study, and also explicitly delineate the process of blinding, specifically which groups of providers, adjudicators and analyzers were blinded to the intervention. 2. Differences in study populations as a result of randomization may have driven outcomes (see Table 1: difficult cannulation, pancreatic duct opacification, gender, BMI). Please further discuss this in the manuscript. Additionally, please display percentages not only of the two populations but also of the percent of the specific risk factors in that population (i.e., instead of 46% indomethacin group, and 54% placebo group, also display percent as a function of # of X in indomethacin group/# total indomethacin group). 3. Please display corresponding P-values in Tables 2, 3, and 4. 4. Please consider discussing the results of the following meta-analysis in your manuscript, to explain the basis for differences in conclusions of your manuscript from this meta-analysis. Yaghoobi M, et al. "Meta-analysis: rectal indomethacin for the prevention of post-ERCP pancreatitis." *Aliment Pharmacol Ther.* 2013 Nov;38(9):995-1001. PMID: 24099466. Thank you again for your submission and I look forward to reviewing any indicated revisions.

ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 8929

Title: Effects of rectal indomethacin in the prevention of post-ERCP pancreatitis

Reviewer code: 02537101

Science editor: Gou, Su-Xin

Date sent for review: 2014-01-23 09:47

Date reviewed: 2014-01-30 06:20

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A (Excellent)	<input type="checkbox"/> Grade A: Priority Publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B (Very good)	<input checked="" type="checkbox"/> Grade B: minor language polishing	<input type="checkbox"/> Existed	<input type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C (Good)	<input type="checkbox"/> Grade C: a great deal of language polishing	<input type="checkbox"/> No records	<input type="checkbox"/> Rejection
<input checked="" type="checkbox"/> Grade D (Fair)		BPG Search:	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)	<input type="checkbox"/> Grade D: rejected	<input type="checkbox"/> Existed	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

COMMENTS TO AUTHORS

After careful consideration, I feel this manuscript has a few merits and is of clinical value, but it should be improved and re-organized before publishing on World Journal of Gastrointestinal Endoscopy. 1 Abstract was grossly accepted, but the design of study could be improved and the Results could be more detailed on this multicenter study. 2 Introduction should incorporate background information and a clear, detailed rationale and aims of the present study. It should be specially pointed out the advantages of this multicenter study than the single center study previously. 3 Materials and Methods are basically acceptable. It can be added some separate key lists in every paragraph if possible, which can separate patients and other different methods. The ethics could be included the patients info. The statistical analysis should be double checked. 4 Results should be more detailed and re-organized. It can also be added some separate key lists if possible, which can separate the patient characteristics and other finding results. 5 Discussion is generally good. 6 Tables/figures: The info from the tables should be more detailed according to the results. The lines in the tables should be solid lines not dashed lines. The significant differences could be marked in the tables. Figure legends should provide sufficient information. 7 The Discussion could be added some info about the potential drugs for preventing of post-ERCP pancreatitis because the negative role for rectal indomethacin in this study. 8 The language of the manuscript should be improved before acceptance.