

PEER-REVIEW REPORT

Name of journal: *World Journal of Gastrointestinal Oncology*

Manuscript NO: 73785

Title: Digital Single-Operator Cholangioscopy for Biliary Stricture after Cadaveric Liver Transplantation

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 05572940

Position: Editorial Board

Academic degree: MD, PhD

Professional title: Assistant Professor

Reviewer's Country/Territory: Japan

Author's Country/Territory: China

Manuscript submission date: 2021-12-20

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-01-13 08:40

Reviewer performed review: 2022-01-17 01:02

Review time: 3 Days and 16 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 Grade E: Do not publish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 type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input checked="" 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

Thank you for giving me an opportunity to review this article. This study was to evaluate DSOC in addition to ERCP for management of biliary strictures after LT. However, I have several concerns with the long-term outcome. #1 Performing DSOC with endoscopic sphincterotomy (ES) for biliary stricture after liver transplantation carries the risk of postoperative reflux cholangitis. From the perspective of long-term prognosis, there may be a risk of worsening the stricture. As described by the authors, DSOC may be a good indication for patients with severe stenosis and difficulty in guidewire insertion, but I think that DSOC with ES should be limited to the indication. In this study, I am concerned that there may be cases in which the stenosis worsens or the management of reflux cholangitis becomes difficult after a mid- to long-term course. DSOC for biliary stricture after liver transplantation seems to have few advantages that outweigh these risks.

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Peer-review model: Single blind

Reviewer's code: 03666697

Position: Editorial Board

Academic degree: MD

Professional title: Associate Professor

Reviewer's Country/Territory: Taiwan

Author's Country/Territory: China

Manuscript submission date: 2021-12-20

Reviewer chosen by: AI Technique

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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
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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 manuscript reported the use of digital single-operator cholangioscopy (DSOC) for biliary stricture after liver transplantation. The manuscript is well written, however, the number of cases is small. There are several comments to the authors. 1 What is the author's purpose in classifying DSOC findings into four types? With the exception of two cases of retransplantation, I did not find any impact of this classification on clinical/endoscopic outcomes. 1.1 Nine (47.4%) of the 19 patients underwent ERCP and had plastic stent placement in the common bile duct within three months prior to DSOC. Since stents might cause changes in the mucosa of the biliary tract (such as granulation tissue growth, erosions or ulcers, or biliary infection when they were blocked...), they might have an impact on the findings of DSOC. Should imaging analysis be excluded from these 9 patients? Or at least the authors should describe the effect of stents on DSOC classification. 1.2 In the conclusion section of the abstract, "Four different visual types in DSOC may help predict patient outcome", which is not supported by the results of this study. 2 Because all patients included in this study underwent whole cadaveric LT, the title of this study should be revised to "Digital Single-Operator Cholangioscopy for Biliary Stricture after Cadaveric Liver Transplantation. 3 In page 11, the last paragraph, "These five patients all presented with NAS-like imaging in ERCP..... The biliary strictures resolved after the extraction of stones and sludge." Based on this result, do the authors recommend that a balloon catheter be used for debridement of biliary strictures in all patients prior to the use of DSOC, as some patients have biliary strictures that resolve after removal of stones and sludge and do not require DSOC. Therefore, the benefit of DSOC (78.9% of patients) in

this study would have been reduced.

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Peer-review model: Single blind

Reviewer's code: 06100400

Position: Peer Reviewer

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Author's Country/Territory: China

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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
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**Peer-reviewer
statements**

Peer-Review: ☒ Anonymous ☐ Onymous

Conflicts-of-Interest: ☐ Yes ☒ No

SPECIFIC COMMENTS TO AUTHORS

This is an interesting study of biliary strictures represent a leading cause of morbidity and mortality in liver transplant recipients. This study is very well designed and the results are very interesting. The reviewer suggests to accept this manuscript after a minor editing.