

ESPS PEER REVIEW REPORT

Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 12436

Title: Paclitaxel-eluting balloon dilation of biliary anastomotic stricture after liver transplantation

Reviewer code: 02723208

Science editor: Ya-Juan Ma

Date sent for review: 2014-07-09 17:42

Date reviewed: 2014-08-01 02:04

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"/> Existing	<input type="checkbox"/> High priority for publication
<input checked="" 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		BPG Search:	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade E: Poor	<input type="checkbox"/> Grade D: Rejected	<input type="checkbox"/> Existing	<input checked="" type="checkbox"/> Minor revision
		<input type="checkbox"/> No records	<input type="checkbox"/> Major revision

COMMENTS TO AUTHORS

In this paper, the Authors reported the results of an extended follow up of their series of patients, included in a previous publication from the same group. Although new information is limited, the paper is interesting and well written and I think that it should be published. Of course the excellent results obtained by the authors still await to be confirmed by further (multicentric?) RCTs. I suggest minor changes: 1. I suggest to specify more clearly whether the included patients were consecutive. In how many patients the intra-hepatic bile ducts appeared dilated on non-invasive imaging? 2. More details about the balloon would be welcome, also in this paper focused on follow up data: in particular about the type of polymer the balloon was made of and about the concentration of Paclitaxel (%; or microg/mm²). Was the balloon purposely designed to be used in bile ducts? Is this balloon commercially available by the manufacturer? 3. Long term clinical success was achieved in 12/13 patients. In two of them at least a recurrence after sustained clinical success was observed and it was treated by further dilation sessions. Please specify how many additional endoscopic sessions were required in these patients. 4. Patients included in these series underwent an intensive endoscopic follow-up. Do the Author think that a less intensive follow-up schedule could be appropriate in clinical practice? 5. Paclitaxel-coated stents were proposed for use in GI and biliary stenosis: the results were not always promising. I guess that the comparison between the two technique is not pertinent, in particular because available experience with paclitaxel-coated biliary



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stent was nearly completely limited to malignant stenosis. I wonder whether the Authors believe that the experience with paclitaxel coated stent should be quoted in the discussion section (perhaps the reference to these experience is not needed).

ESPS PEER REVIEW REPORT

Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 12436

Title: Paclitaxel-eluting balloon dilation of biliary anastomotic stricture after liver transplantation

Reviewer code: 02438888

Science editor: Ya-Juan Ma

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CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input checked="" type="checkbox"/> Grade A: Excellent	<input checked="" 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"/> Existing	<input checked="" 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		BPG Search:	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor	<input type="checkbox"/> Grade D: Rejected	<input type="checkbox"/> Existing	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

COMMENTS TO AUTHORS

This is a very interesting pilot study that focuses on the safety and effectiveness of endoscopic therapy with a paclitaxel-eluting balloon (PEB) for biliary anastomotic strictures (AS) after liver transplantation (AT). The preliminary results showed that endoscopic therapy with a PEB is effective for the treatment of AS after LT. This therapy may shorten the duration of endoscopic treatment by reducing the number of interventions. As we know, biliary anastomotic stricture is a common complication of liver transplantation that could significantly influence the life quality of patients and lead to morbidity. Therapeutic ERCP has been used to deal with AS for many years including dilation and stenting, but it would take long time and need repeated interventions to achieve long-term clinical success. Although the improvement of the instruments and technique, the recurrence rate of AS after endoscopic treatment is up to 30%. So new treatment modality with endoscopy for AS is needed. This study was innovative and the results of the study were promising. Until now, this is the first study trying to treat AS after LT with a PEB. The limitation of this manuscript includes descriptive statistical analysis without control group and relative few cases included.