ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

Ms: 1879

Title: Non-invasive assessment of choledocholithiasis in patients with gallstones and abnormal liver function

Reviewer code: 02444976

Science editor: x.z.huang@wjgnet.com

Date sent for review: 2013-01-12 22:56

Date reviewed: 2013-02-24 11:38

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
[ ] Grade A (Excellent)	[Y] Grade A: Priority Publishing	Google Search:	[Y] Accept
[ ] Grade B (Very good)	[ ] Grade B: minor language polishing	[ ] Existed	[ ] High priority for
[Y] Grade C (Good)	[ ] Grade C: a great deal of	[ ] No records	publication
[ ] Grade D (Fair)	language polishing	BPG Search:	[ ] Rejection
[ ] Grade E (Poor)	[ ] Grade D: rejected	[ ] Existed	[ ] Minor revision
		[ ] No records	[ ] Major revision

CONFIDENTIAL COMMENTS TO EDITOR:

COMMENTS TO AUTHORS:

The authors have reported a strategy to detect cholelithiasis prior to cholecystectomy, that enables them to minimize the use of diagnostic ERCP. This study was completed nearly three years ago and the delay in publication has made it less valuable. 896 patients were included in the study but this number does not appear in the abstract. The authors do not mention how many patients were excluded form the study- just that "patients" not fit for surgery" and those presenting with acute pancreatitis. In order to be certain that this is not a highly selected population, the readers need to know the numbers. The authors find that application of this strategy will result in a more cost-effective approach by decreasing the use of MRCP In the introduction, the authors state that the false negative rate for gallduct stones is up to 75% but this is not the accepted figure. The sensitivity is 80-93% and the specificity is 100% in most studies. Indeed in this study the authors detected no CBD stones on IOC in patients with a negative ERCP. ERCP is considered the gold standard and its main disadvantage as a diagnostic tool is its invasiveness. The main limitation of this study is that it does not add much new. There are clear guidelines from the American Society for GI Endoscopy. The current study did not find that a serum bilirubin greater than 4 mg/dL was a very strong predictor of CBD stones with 58.6% not having stones on IOC. This suggests that there may be a population bias in this study- perhaps related to the factors that the authors mention in their discussion. 26.5% of 102 patients with abnormal LFTs and a normal CBD on US had stones detected on ERCP. It is unclear to me from the paper how many of these patients could be identified prior to ERCP. It might be worth including a cost-effective analysis based on the data of the authors. This could help with the clinical decision making process.

ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

Ms: 1879

Title: Non-invasive assessment of choledocholithiasis in patients with gallstones and abnormal liver function

Reviewer code: 00183453

Science editor: x.z.huang@wjgnet.com

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CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
[ ] Grade A (Excellent)	[ ] Grade A: Priority Publishing	Google Search:	[Y] Accept
[Y] Grade B (Very good)	[Y] Grade B: minor language polishing	[ ] Existed	[ ] High priority for publication
[ ] Grade C (Good)	[ ] Grade C: a great deal of	[Y] No records	
[ ] Grade D (Fair)	language polishing	BPG Search:	[ ]Rejection
[ ] Grade E (Poor)	[ ] Grade D: rejected	[ ] Existed	[ ] Minor revision
		[Y] No records	[ ] Major revision

COMMENTS

COMMENTS TO AUTHORS:

The manuscript is quite well written. The methods are adequate. the results justify the conclusions drawn.