



**ESPS PEER-REVIEW REPORT**

**Name of journal:** World Journal of Gastrointestinal Endoscopy

**ESPS manuscript NO:** 14933

**Title:** Endoscopic ultrasound guided interventional procedures

**Reviewer’s code:** 00505438

**Reviewer’s country:** Australia

**Science editor:** Xue-Mei Gong

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CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	PubMed Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<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"/> Duplicate publication	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input type="checkbox"/> Plagiarism	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input type="checkbox"/> No	<input type="checkbox"/> Major revision
		BPG Search:	
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input type="checkbox"/> No	

**COMMENTS TO AUTHORS**

Overall an extremely comprehensive and up to date analysis of th role of EUS. Some minor points !. The abstract refers to EUS as a novel technique. Although the scope and role of EUS is increasing, the technique has been in widespread use for 20 years so in itself is hardly novel. 2. The algorithm and treatment of PFC includes only endoscopic means of drainage. It is commented that the EUS characteristics such large amounts of necrosis may influence ti threatment method. As the algorithm is including several modalities, comparative outcomes including numbers of procedures, admissions and overall LOS with operative drainage should be mentioned and referenced. 3. EUS guided cholecystostomy is mentioned with several small series. It is commented that there was a complication rate of up to 30% with this procedure. As this is usually performed in unfit patients, this high complication rate should be expanded furthe rand used in comparison with radiological drainage outcomes