



PEER-REVIEW REPORT

Name of journal: *World Journal of Gastrointestinal Endoscopy*

Manuscript NO: 75424

Title: Endoscopic therapy using a self-expandable metallic stent with an anti-migration system for postorthotopic liver transplantation anastomotic biliary stricture

Provenance and peer review: Unsolicited manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 06151472

Position: Peer Reviewer

Academic degree: MD

Professional title: Doctor

Reviewer's Country/Territory: Italy

Author's Country/Territory: Brazil

Manuscript submission date: 2022-02-03

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-02-20 15:09

Reviewer performed review: 2022-02-20 21:40

Review time: 6 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 Grade E: Do not publish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 checked="" type="checkbox"/> Major revision <input type="checkbox"/> Rejection
Re-review	<input type="checkbox"/> Yes <input checked="" 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
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SPECIFIC COMMENTS TO AUTHORS

This was a single center prospective case series of the use of self-expandable metallic stents with an antimigration system for the treatment of anastomotic biliary stricture after liver transplantation. The Authors enrolled 14 patients who underwent ERCP with placement of these new stents: only one patient had endoscopic failure, one year after endoscopy. Moreover, there were three side effects (two pancreatitis and one stent dysfunction). The paper is potentially of interest, in my opinion. There are, however, several points to be discussed. 1. Patients were not homogeneously enrolled. Some of the patients already received endoscopic treatments for anastomotic biliary strictures, whereas other patients were at their first treatment. How can we consider the placement of these SEMS with the antimigration system? As a first line treatment of to be used for refractory strictures? 2. A control group is missing. 3. What type of imaging the patients received in the follow-up to rule out re-appearance of anastomotic biliary stricture? Was it scheduled at fixed time points? 4. I agree with the Authors when they said that multistenting can be demanding (due to the number of ERCP sessions) especially in high volume centers. Can the Authors provide costs of these new stents in order to understand if this technique could be cost-effective? 5. The Authors said that all patients underwent sphincterotomy during SEMS placement with antimigration system. Was it true also for patients with previous endoscopic treatments? 6. The pitfalls of this study should be, in my opinion, discussed more in depth 7. Were DBD or DCD transplant? Deceased donor or living donor LT? Full or split grafts?



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Reviewer's code: 05718934

Position: Peer Reviewer

Academic degree: MD

Professional title: Doctor

Reviewer's Country/Territory: Italy

Author's Country/Territory: Brazil

Manuscript submission date: 2022-02-03

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-02-22 08:09

Reviewer performed review: 2022-02-22 08:32

Review time: 1 Hour

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input checked="" type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Language quality	<input checked="" type="checkbox"/> Grade A: Priority publishing <input 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 checked="" type="checkbox"/> Major revision <input type="checkbox"/> Rejection
Re-review	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No



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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
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SPECIFIC COMMENTS TO AUTHORS

The manuscript "Efficacy of Endoscopic Therapy Using a Self-Expandable Metallic Stent with an Anti-Migration System for Postorthotopic Liver Transplantation Anastomotic Biliary Stricture" is of great interest as anastomotic (and non anastomotic) biliary strictures are challenge for liver transplant specialists as they require numerous endoscopic treatments. Surprisingly, used as endpoints "The primary study endpoint was the efficacy of the endoscopic treatment of p-OLT ABS using Am-FCSEMS for a 12-month period. Efficacy was evaluated based on ABS resolution. After stent removal, the biliary stricture was considered resolved if there was no stricture observed in cholangiography or a minimum stricture that allowed the passage of a 12-mm inflated extractor balloon without difficulty. Secondary endpoints were technical success (defined as stent placement), adverse effects related to ERCP (bleeding, pancreatitis), and stent dysfunction (migration or obstruction)."; they did not aim at evaluating cholestasis improvement which is key in the treatment of anastomotic strictures. This should be explained. The authors should also specify how many treatments did the previously treated patients undergo, as this influences outcomes. Did the authors evaluate infection rate?



RE-REVIEW REPORT OF REVISED MANUSCRIPT

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Reviewer's code: 06151472

Position: Peer Reviewer

Academic degree: MD

Professional title: Doctor

Reviewer's Country/Territory: Italy

Author's Country/Territory: Brazil

Manuscript submission date: 2022-02-03

Reviewer chosen by: Meng-Tian Li (Quit 2022)

Reviewer accepted review: 2022-05-12 09:33

Reviewer performed review: 2022-05-12 09:48

Review time: 1 Hour

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 checked="" type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
Peer-reviewer	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous



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statements

Conflicts-of-Interest: [] Yes [**Y**] No

SPECIFIC COMMENTS TO AUTHORS

Answers provided by the Authors to my previous comments are not detailed, in my opinion. I think that a control group (also a historical group of patients with post-LT biliary strictures) could be of interest, as well as a brief explanation about costs. Nevertheless I did not find any of this information in the revised version of the manuscript. Therefore, my previous comments did not help the improvement of the manuscript, unfortunately.