

ESPS Peer-review Report

Name of Journal: World Journal of Meta-Analysis

ESPS Manuscript NO: 7546

Title: The treatment strategy of gallstone pancreatitis: ERCP/ES or Cholecystectomy?

Reviewer code: 00060496

Science editor: Qi, Yuan

Date sent for review: 2013-11-24 14:38

Date reviewed: 2013-11-24 22:34

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input 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"/> Existed	<input type="checkbox"/> High priority for publication
<input checked="" type="checkbox"/> Grade C (Good)	<input type="checkbox"/> Grade C: a great deal of	<input type="checkbox"/> No records	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D (Fair)	language polishing	BPG Search:	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)	<input type="checkbox"/> Grade D: rejected	<input type="checkbox"/> Existed	<input checked="" type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

COMMENTS TO AUTHORS

The authors report an interesting review on the treatment of gallstone pancreatitis. Despite the work strengths, we recommend addressing the following comments: 1. Given the specific academic venue, we recommend to provide explicit details of your bibliographic search strategy and yield (e.g. in PubMed). Moreover, it would be very useful if you could summarize in some meta-analytic fashion your results. 2. Add 2 or more tables to summarize your key findings for the busy reader. 3. Apply throughout a score for the validity of the primary studies (e.g. the Cochrane Collaboration risk of bias tool for randomized trials and the Newcastle-Ottawa scale for observational studies).

ESPS Peer-review Report

Name of Journal: World Journal of Meta-Analysis

ESPS Manuscript NO: 7546

Title: The treatment strategy of gallstone pancreatitis: ERCP/ES or Cholecystectomy?

Reviewer code: 02459617

Science editor: Qi, Yuan

Date sent for review: 2013-11-24 14:38

Date reviewed: 2013-12-01 08:08

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"/> Existed	<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)	<input type="checkbox"/> Grade D: rejected	BPG Search:	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)		<input type="checkbox"/> Existed	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

COMMENTS TO AUTHORS

Hu et al. evaluated the management of gallstone pancreatitis. They demonstrated that cholecystectomy offers better protection than ES against further bouts of pancreatitis in patients with GSP, but ES is an acceptable alternative. Patients with mild to moderate gallstone pancreatitis should have cholecystectomy during index admission, but patients with more severe disease will require early ERCP/ES and cholecystectomy should be delayed, depending on the clinical circumstances. If patients have high risk of surgery or the elderly, ERCP and ES is the first choice. Major comments: 1. Please give the search strategy for collecting studies. And make a meta-analysis for these studies. If you can't take meta-analysis (studies didn't provide enough data), please reorganize this manuscript according to the mortality, morbidity, recurrence ... instead of ERCP/ES, cholecystectomy. Minor comments: 1. Page 3, line8. "The pathogenesis of gallstone pancreatitis (GSP) is still controversial now." should be "The theories of pathogenesis of gallstone pancreatitis (GSP) are still controversial now." 2. Page 3, line 19-22. The authors demonstrated that inflammation played an important role in the systemic complications of acute pancreatitis after listing the three controversial different theories. What's the relationship between inflammation and the three theories? Is inflammation different any of them or belongs to one of them? 3. Page 3, line 26. "... gallstone pancreatitis including bowel rest, fluid resuscitation ..." should be "... gallstone pancreatitis includes bowel rest, fluid resuscitation ...". 4. Page 3, line 28-29. "But what is different to other forms of pancreatitis, gallstone pancreatitis often requires surgery." Should be "But what is different to other forms of pancreatitis, for instance, gallstone pancreatitis often requires surgery." 5. Page 4, line 21. "A latest large samples retrospective cohort study" should be "A latest large-sample retrospective cohort study". 6. Page 6, line 2. "A large sample (8631 patients) observational study" should be "A large-sample (8631 patients) observational



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study”.

ESPS Peer-review Report

Name of Journal: World Journal of Meta-Analysis

ESPS Manuscript NO: 7546

Title: The treatment strategy of gallstone pancreatitis: ERCP/ES or Cholecystectomy?

Reviewer code: 00036837

Science editor: Qi, Yuan

Date sent for review: 2013-11-24 14:38

Date reviewed: 2013-12-19 06:08

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A (Excellent)	<input checked="" type="checkbox"/> Grade A: Priority Publishing	Google Search:	<input type="checkbox"/> Accept
<input checked="" type="checkbox"/> Grade B (Very good)	<input type="checkbox"/> Grade B: minor language polishing	<input type="checkbox"/> Existed	<input checked="" type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C (Good)	<input type="checkbox"/> Grade C: a great deal of	<input type="checkbox"/> No records	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D (Fair)	language polishing	BPG Search:	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)	<input type="checkbox"/> Grade D: rejected	<input type="checkbox"/> Existed	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

COMMENTS TO AUTHORS

TITLE: The treatment strategy of gallstone pancreatitis: ERCP/ES or cholecystectomy? **AUTHORS:**

C.Hu, S Shen **GENERAL COMMENTS** 1. This paper is well written and presents a very clear

and updated overview of the current literature on this topic. 2. From an editorial point of view, one

problem is that this paper is a narrative review and so it does not contain any meta-analysis of the

clinical material. Is this paper suitable for the World Journal of Meta-analysis? While this reviewer

has no role in making this decision, nevertheless the paper is of good quality and its contents deserve

to be made available to the scientific community. 3. To overcome in part the problem represented

by the lack of any meta-analysis in this paper, one solution could be to change the title and to

immediately clarify to the readership that this article is not a meta-analysis, but a narrative review.

In this way, readers do not expect to find a meta-analysis in this article, and so no reader will feel

disappointed by realizing -while reading the paper- that this paper does not contain any

meta-analysis. In line with this solution, one alternative title -for example- could be the following:

"Treatment of gallstone pancreatitis: a narrative overview of the current literature" **SPECIFIC**

COMMENTS 4. Abstract: While I realize that, according to the Instructions to Authors, the

abstract must meet a very selective word count, nonetheless the present organization of the abstract is

excessively focused on the background, and in fact no information is provided in terms of results or

conclusions. Can the authors correct to some extent this unbalance in the abstract? 5. Page 4, lines

11 to 14, "...was higher compared with conservative management": Can the authors add some

quantitative result (e.g. the relative risk) drawn from reference 15?