

ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

Ms: 1869

Title: A newly designed J-shaped-tip guidewire: a preliminary feasibility study in wire-guided cannulation.

Reviewer code: 01430761

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

Date sent for review: 2013-01-11 14:00

Date reviewed: 2013-01-11 21:27

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)		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

COMMENTS TO AUTHORS:

This is a single center pilot study of a newly designed J-shaped-tip guidewire for wire-guided cannulation. The authors hypothesized J-shaped tip prevented perforation or post-ERCP pancreatitis (PEP) during cannulation. This study demonstrated a comparative cannulation rate and PEP rate with no perforation. This guidewire can potentially facilitate wire-guided cannulation but this should be confirmed in a randomized controlled trial. Major points 1. The primary endpoint of this study is unclear. The authors evaluated both cannulation and adverse events but please clarify the best advantage of J-shaped tip (facilitate cannulation vs. prevent complications) and emphasize it as a primary endpoint. 2. As the authors suggested, the concept is similar to a loop-tipped guidewire. The loop-tipped guidewire is now rarely used due to its tendency to advance into the pancreatic duct. Is there any suggestion why this J-shaped tip is useful compared with a loop tipped guidewire? Or are there any tips for guidewire manipulation specific to this J-tipped guidewire? Minor points 1. In the Results, the authors described “Cannulation was achieved on the second attempt in 3 patients.” However, the



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number in Table 3 said success in 5-10 min was achieved in 7 cases. Is this contradictory? 2. How the size of the guidewire (0.025 inch, not 0.035 inch) was selected for this study? Did this affect study results (Surg Endosc. 2012 in press, PMID: 23239304)? 3. How the cannula (sphinctertome or regular cannula) was selected? Was there any difference between these two types? This was evaluated in a Japanese RCT (Gastrointest Endosc. 2012 Feb;75(2):362-72). 4. The authors suggested passing a narrow orifice might be difficult. Did the cannulation rate differ between the types of the ampulla appearance? And are there any other disadvantages in a J-shaped tip after cannulation i.e. stuck in the ampulla when removed from the bile duct or pancreatic duct, or passing the stricture?

ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

Ms: 1869

Title: A newly designed J-shaped-tip guidewire: a preliminary feasibility study in wire-guided cannulation.

Reviewer code: 02444953

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

Date sent for review: 2013-01-11 14:00

Date reviewed: 2013-02-08 17:45

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 type="checkbox"/> Grade C (Good)	<input type="checkbox"/> Grade C: a great deal of language polishing	<input type="checkbox"/> No records	<input checked="" type="checkbox"/> Rejection
<input checked="" type="checkbox"/> Grade D (Fair)		BPG Search:	
<input type="checkbox"/> Grade E (Poor)	<input type="checkbox"/> Grade D: rejected	<input type="checkbox"/> Existed	<input type="checkbox"/> Minor revision
		<input type="checkbox"/> No records	<input type="checkbox"/> Major revision

COMMENTS

COMMENTS TO AUTHORS:

The single center non randomized study of a newly designed J-shaped-tip guidewire was performed in 50 pts. The authors hypothesized J-shaped tip prevented perforation or post-ERCP pancreatitis (PEP) during cannulation. This study demonstrated no superiority of the new device. The results have to be proved in randomized controlled trial. Major points 1. The postulated superiority or quality of the new device is not proven 2. In clinical practice this device is rarely needed and may only be used in frustrated cases. The real need for the new device is not proven in this study Minor points 1. It is not clear why the authors choose these catheters 2. It is not defined why the beginners (trainee) started with a new guidewire, a new tool should always be proven by a trainer.

ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

Ms: 1869

Title: A newly designed J-shaped-tip guidewire: a preliminary feasibility study in wire-guided cannulation.

Reviewer code: 00009417

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

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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
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<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

COMMENTS TO AUTHORS:

The authors demonstrates first experiences in performing ERCP with a newly J-shaped-tip guidewire with a-traumatic tip and hydrophilic coating. They conclude from their clinical data that the new equipment facilitates selective biliary cannulation in ERCP. Comments: The single centre study includes a small sample size with diverse disease. Consequently, the conclusions should be given with caution. J-shaped systems manufactured by other providers should be discussed. A clear statement of all authors should be given that any conflict of interest is disclosed.