

ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 6122

Title: Celiac plexus neurolysis in pancreatic cancer: the endoscopic ultrasound approach

Reviewer code: 02460503

Science editor: Qi, Yuan

Date sent for review: 2013-10-03 21:43

Date reviewed: 2013-10-06 18:35

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

The represent review analyzed the role of EUS-guided celiac plexus neurolysis in pancreatic cancer. The review is well written and almost reflects of what is currently known about the technique, indication, adverse events and outcome of EUS-guided CPN. However, there are already numerous recently published reviews that are addressing this scientific field. One recently published paper in WJG already describes EUS-guided ethanol ablation therapies for tumors (Zhang WY, Li ZS, Jin ZD. Endoscopic ultrasound-guided ethanol ablation therapy for tumors. .World J Gastroenterol. 2013 Jun 14;19(22):3397-403. doi: 10.3748/wjg.v19.i22.3397). Thus, the scientific value of this review is somehow limited. Some important recently published manuscripts are missing and should be cited in the present review. Please additionally mention the role of radiofrequency ablation for the celiac plexus destruction. Specific concerns are as followed: 1) The title should also contain celiac ganglion as this seems to be superior than plexus neurolysis 2) Section "Methods of celiac neurolysis", page 5: "...but one randomised controlled trial on 100 patients showed that 12 weeks after the procedure, the pain level was significantly lower than with systemic analgesic therapy" - please add missing reference 3) Section "Efficacy", page 9: "... , many of the patients still requires the same narcotic dose and EUS-CPN should be considered as adjunct method to the standard pain management.." - change requires to require; change the word "narcotic" as many patients do not receive narcosis but sedation and analgetics 4) Page 10 - recently published data is available and should be included into the manuscript: Doi S, Yasuda I, Kawakami H, Hayashi T, Hisai H, Irisawa A, Mukai T, Katanuma A, Kubota K, Ohnishi T, Ryozaawa S, Hara K, Itoi T, Hanada K, Yamao K. Endoscopic ultrasound-guided celiac ganglia neurolysis vs. celiac plexus neurolysis: a randomized multicenter trial. Endoscopy. 2013;45(5):362-9. doi: 10.1055/s-0032-1326225. Epub 2013 Apr 24. PMID: 23616126 5)



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Page 12, section "safety" – important reference should be included: Jang HY, Cha SW, Lee BH, Jung HE, Choo JW, Cho YJ, Ju HY, Cho YD. Hepatic and splenic infarction and bowel ischemia following endoscopic ultrasound-guided celiac plexus neurolysis. Clin Endosc. 2013 May;46(3):306-9. doi: 10.5946/ce.2013.46.3.306. Epub 2013 May 31. 6) The role of radiofrequency ablation for the celiac plexus destruction should be mentioned in the manuscript!

ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 6122

Title: Celiac plexus neurolysis in pancreatic cancer: the endoscopic ultrasound approach

Reviewer code: 00723091

Science editor: Qi, Yuan

Date sent for review: 2013-10-03 21:43

Date reviewed: 2013-10-07 20:54

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	<input type="checkbox"/> No records	<input type="checkbox"/> Rejection
<input checked="" 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

p7. Wilson-cook is not correct. It should be written as "Cook medical" p7. Authors described that some endosonographers favor antibiotic prophylaxis. Is there any report about this issue? If so, please describe. p7. Technique part. Some authors injected bupivacaine before injection of ethanol. Please review about this issue. p9. Author should mention about the evaluation method of pain improvement. Moreover, did any previous reports evaluate using the same methods? Please clarify. p10. Authors described that there are no studies reporting about EUS-CPN vs EUS-CGN. However, Doi S et al already reported about randomized multicenter trial. " Doi S et al. Endoscopy 2013; 45(05): 362-369" Please add this clinical trial. p10. Amount of alcohol injection. "Alcohol" is not adequate. It should be "Ethanol" p10. "Amount of alcohol injection" Are there any differences of amount of ethanol between central-CPN, bilateral-CPN, and CGN? Please describe. P10. "Amount of alcohol injection" should be described in the "Technique" part. p11 Safety. Alcohol intolerance should be mentioned.

ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 6122

Title: Celiac plexus neurolysis in pancreatic cancer: the endoscopic ultrasound approach

Reviewer code: 00004227

Science editor: Qi, Yuan

Date sent for review: 2013-10-03 21:43

Date reviewed: 2013-10-17 06:58

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

Dear author, I have carefully read your manuscript "Celiac plexus neurolysis in pancreatic cancer: the endoscopic ultrasound approach". I found the article of interest, covering a very important technique in the management of a very difficult clinical condition, like pain in pancreatic cancer. However, there are certain point that I would like the author to correct, or comment 1- Introduction is quite short, without references. I think it would be of real interest for the readers, to have a better approach to the importance of pancreatic cancer (probably commenting that is one of the most frequent tumors in the field of gastroenterology), that most patients are diagnosed at an unresectable stage, and thus palliative treatment is crucial on its management. In this contex, one of the most important symptoms to treat is pain 2- Next points, like anatomy, methods, are confounding in the distribution they are presented. In fact the idea of the review is presented after describing the methods, when it should de included as the final paragrah of the introduction 3- I think methods and technique should be integrated together, maybe with the anatomical concepts. This would also make the manuscript easier to read and understand 4- Indications is poorly describe, and maybe can be considered as one of the most important issue of any kind of technique, like this one, so please extended it. 5- Probably, indications should be discussed after confirming the accuracy (efficacy) of the technique. 6- Regarding results, this are presented at different times during the manuscript. It would be better to present them alltogether. Also results from different studies, mainly the best ones, should be further explained (like including methodology, in order to see the real position of those results) 7- Again, the item advantages of EUS, should be included in the definition of the technique 8- Alternative approaches should be discussed before, and compare them with the EUS approach