

**ESPS Peer-review Report**

**Name of Journal:** World Journal of Gastroenterology

**ESPS Manuscript NO:** 6955

**Title:** EUS-guided treatments: are we getting evidence based? A systematic review

**Reviewer code:** 02542621

**Science editor:** Zhai, Huan-Huan

**Date sent for review:** 2013-11-01 09:11

**Date reviewed:** 2013-11-10 23:31

| 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 type="checkbox"/> Major revision                |
|  |   | <input type="checkbox"/> No records |  |

**COMMENTS TO AUTHORS**

Reviewer comments to author: The purpose of this review is to update the different modalities of therapeutic endoscopic ultrasonography. The authors undertook a systematic review of the 'supposed' entire body of literature accumulated over the past 20 years. Abstract and main text is clear and well organized. The research has been well designed, the references are relevant, updated and a systematic analysis is provided. But there are several issues with this paper, mainly about the literature research: EUS-GUIDED DRAINAGE OF PFCs: Consider to add a subtitle about 'endoscopic necrosectomies' and to include the following important papers about endoscopic necrosectomies where EUS was used to gain access: - Seifert H et al. (Transluminal endoscopic necrosectomy after acute pancreatitis: a multicentre study with long-term follow-up (the GEPARD Study). Gut 2009;58:1260-1266). This multicentre study from Germany included 93 patients with necrotic PFCs. EUS was used in most of them to gain access. Clinical success, complication and mortality were 80%, 26% and 7.5% respectively. - Yasuda I et al. (Japanese multicenter experience of endoscopic necrosectomy for infected walled-off pancreatic necrosis: The JENIPaN study. Endoscopy 2013;45:627-34). Another similar multicenter study but from Japan. This is another large cohort study that included 57 patients. Clinical success, complications and mortality were 75%, 33% and 11%. -

Jürgensen et al. (Endoscopic ultrasound-guided endoscopic necrosectomy of the pancreas: is irrigation necessary? Surg Endosc 2012; 26:1359-63). This study enrolled 35 patients from a unique center (Germany). EUS-guided internal drainage and mechanical necrosectomy without any kind of irrigation (internal or external) was done. I recommend to include a systematic review about endoscopic necrosectomy of pancreatic necrosis by Haghshenas Kashani (Surg Endosc 2011;25:3724-30). It includes the most important studies about endoscopic necrosectomies. Most of

them used EUS-guided drainage in the first (or unique) session. Use of covered self-expandable metal stents: - Consider to include (or mention) a recent state-of-art recently published by Perez-Miranda M et al (Endoscopy 2013; 45:300-304). This paper includes a table with the last (year 2012) experiences of EUS-guided drainage of PFC with SEMSs. - I recommend you to include a recent experience by using an AXIOS stent by Gornals JB et al. (Surgical Endosc 2013; 27:1428-34). This study included 19 cases of PFCs. Although, only 9 cases with FCSEMS were included, in 6 cases a new access device (specific for use with an echoendoscope, called NAVIX) was used, and the results were compared with 10 plastic double pigtail stents. It is described a statistically significant difference of the procedure time between both groups, (25 vs 42 minutes). - Consider to mention or include a recent 'report on emerging technology' by Desilets DJ (ASGE Technology Committes, Gastrointes Endosc 2013;77:835-8) specific in new devices and techniques for management of pancreatic fluid collections. Different and new devices for us in EUS-guided drainage of collections are mentioned. -

Finally, although it is notified that the literature research of articles was done up to September 2013, I would like recommend a very new specific update about PFCs and EUS published on September 2013 (Pancreatic Fluid Collection Drainage by Endoscopic Ultrasound-An update. Clinical Endoscopy 2013;46:506-514). This is a very completed and well-written update from another referent group of interventional endoscopic (Kahaleh M) Maybe you can consider adding all these new references (only the original research articles or case series, not the meta-analyses, systematic reviews) as well on table 1 and 2. EUS-GUIDED CHOLANGIOGRAPHY AND BILIARY DRAINAGE: - Please, consider including another recent and complete review about the rendezvous technique by Isayama et al (The endoscopic

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**Reviewer code:** 00068668

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**Date reviewed:** 2013-11-18 08:52

| 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 checked="" 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 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 type="checkbox"/> Major revision                |
|   |   | <input type="checkbox"/> No records |  |

## COMMENTS TO AUTHORS

Comments to authors In the present paper the authors make a very interesting challenge for a complete systematic review of all the therapeutics options of the EUS. Although is very interesting for gastroenterologist I have many concerns about the property of call "systematic review" to this paper. No figure or line in some table that summarizes the findings in certain subject evaluated (ej. PFCs, biliary drainage, CPN, etc). I believe that to be published, this work should be amended so that it contains specific values that summarize the findings in each of the subjects or figures that allow the same. In its current form the work only contains a very hugh number of descriptions that do not help to the clinician to make decisions as it represents only succinct "copy-paste" of the summaries of each work. Results - A complete description about complications (type of, mortality) and need of surgery after failure with EUS-GD of PFCs is needed. - The following reference must be included: World J Gastrointest Endosc. 2013 Jun 16;5(6):297-9 - Endosc Ultrasound 2013; 2(3): 153-156

## ESPS Peer-review Report

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

## COMMENTS TO AUTHORS

to include recent articles on 1. Necrosectomies. 2.SEMS in PFC drainages 3.newer technologies/upcoming ones 4. summarize the papers viewed with results