

## ESPS Peer-review Report

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

**ESPS Manuscript NO:** 6874

**Title:** Managing Malignant Biliary Obstruction in Pancreas Cancer: Choosing the Appropriate Strategy

**Reviewer code:** 02439786

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

**Date sent for review:** 2013-10-30 14:41

**Date reviewed:** 2013-11-01 15:00

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 language polishing	<input type="checkbox"/> No records	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D (Fair)	<input type="checkbox"/> Grade D: rejected	<input type="checkbox"/> Existed	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)		<input type="checkbox"/> No records	<input type="checkbox"/> Major revision

## COMMENTS TO AUTHORS

This is a nice review of management of malignant biliary obstruction in pancreas cancer. It also contains a short summary of current clinical trials of eluting stents SEMS and double layer SEMS. The manuscript can be accepted with some modifications; please check 1) the format of references according to the WJG instruction, 2) English spelling & grammar issues.

## ESPS Peer-review Report

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

**ESPS Manuscript NO:** 6874

**Title:** Managing Malignant Biliary Obstruction in Pancreas Cancer: Choosing the Appropriate Strategy

**Reviewer code:** 01430761

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

**Date sent for review:** 2013-10-30 14:41

**Date reviewed:** 2013-11-15 11:48

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

## COMMENTS TO AUTHORS

This is a review of management of malignant biliary obstruction by pancreatic cancer. Biliary drainage in pancreatic cancer patients has been discussed for a long time, but recent advancement of chemotherapy affects management of biliary drainage. Major points 1. Authors may want to add a flowchart for the selection of appropriate biliary drainage. 2. As authors discussed, the advancement of chemotherapy, especially neoadjuvant chemotherapy, has drastically changed clinical management of pancreatic cancer. Please discuss the effects of chemotherapy on biliary stenting. 3. In addition to biofilm/sludge formation, duodenobiliary reflux is also one of the major causes of stent occlusion. Please discuss the association of duodenal invasion with stent patency, as well as the role of anti-reflux stent. 4. Combined malignant biliary obstruction and gastric outlet obstruction is an important issue in the management of cancer in the head of pancreas. There are various strategies including double stenting, double bypass, or EUS-BD and duodenal stenting. The authors should discuss their advantages and disadvantages in detail. Minor 1. Kitano et al. recently published an RCT of covered vs. uncovered EMS (Am J Gastroenterol. 2013;108:1713-22). Please discuss their paper since a clinical trial limited to pancreatic cancer patients is rare.

## ESPS Peer-review Report

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

**ESPS Manuscript NO:** 6874

**Title:** Managing Malignant Biliary Obstruction in Pancreas Cancer: Choosing the Appropriate Strategy

**Reviewer code:** 00181289

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

**Date sent for review:** 2013-10-30 14:41

**Date reviewed:** 2013-11-19 21:44

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input checked="" type="checkbox"/> Grade A (Excellent)	<input checked="" type="checkbox"/> Grade A: Priority Publishing	Google Search:	<input checked="" 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 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	<input type="checkbox"/> Existed	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)		<input type="checkbox"/> No records	<input type="checkbox"/> Major revision

## COMMENTS TO AUTHORS

This is an excellent summary of the current knowledge as regards to stenting for periampullary carcinoma and I have no hesitation in recommending publication without any changes.

## ESPS Peer-review Report

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

**ESPS Manuscript NO:** 6874

**Title:** Managing Malignant Biliary Obstruction in Pancreas Cancer: Choosing the Appropriate Strategy

**Reviewer code:** 02468246

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

**Date sent for review:** 2013-10-30 14:41

**Date reviewed:** 2013-11-27 00:28

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	<input type="checkbox"/> Existed	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)		<input type="checkbox"/> No records	<input checked="" type="checkbox"/> Major revision

## COMMENTS TO AUTHORS

To authors. 1. The pages are not numbered and should. Numbering would facilitate review and corrections. Palliative stenting 2. Cost-effectiveness is cited as an indication for choosing plastic stents for patients surviving  $\leq 4$  months. The paper gives no guideline for this determination. Two randomized trials (Kaassis 2003, Soderlund 2006) have both identified the presence of distant metastases could be a criteria for choosing plastic stents. Suggest authors adding these 2 references to their review. Other methods for biliary drainage 3. It is true that percutaneous external biliary drain and bag are cumbersome. However, most biliary drainages for palliative treatment are internalized and offer both internal and external drainage capabilities. Internalization is attempted in all cases except in case of sepsis when internalization is delayed until after sepsis is controlled. Metallic stents can be inserted after internalization or at the initial insertion of biliary drainage. Exclusive, cumbersome external drainage is rarely encountered for prolonged periods. Suggest describing the current practice in most centers and de-emphasizing the occasional use of exclusively external drainage. Percutaneous stenting is an alternative to endoscopic stenting (Pinol 2002). 4. Reference #34 (Speer AR et al 1987) is a prospective randomized study published in 1987 and is quoted to support the use of ERCP for stenting. This article compares plastic stent insertion by percutaneous and endoscopic methods in the very debilitated and sick patients. The conclusion has been inappropriately applied to all patients in all clinical settings. A more up-to-date but similar prospective randomized was also published (Pinol, 2002); it reported a different result and conclusion. This publication should be included in this review to reflect the current status of clinical practice. 5. "Other endoscopic alternatives are being used for relieving

malignant biliary obstruction not amenable to stent placement via ERCP.” These new techniques have not been formally evaluated against traditional methods such as percutaneous stenting which is highly successful where ERCP is not. They also require skills in both ERCP and endoscopic ultrasound and only limited data on its safety are currently available. These experimental new procedures are clinically indicated when both ERCP and percutaneous approaches have failed and need on-going evaluation. 6. Surgical bypass vs endoscopic stenting: The review recognizes the shortcoming of older publications which compare biliary stenting with surgical bypass. Plastic stents were used in many of the older studies. The outcome would likely be different if SEMS had been used instead. The paper should emphasize that it is uncertain if surgical bypass is superior to metallic stenting. In the case of concomitant duodenal and biliary obstruction, endoscopic duodenal and biliary stenting can be both carried out, eliminating the need for surgical bypass. For patients with poor prognosis, this may offer an effective palliation. Conclusion: 7. The first paragraph can be deleted as it repeats the introduction. 8. The last paragraph should be changed to reflect the conclusion of a recent prospective randomized trial that indicates “Placement of a percutaneous self-expanding metal stent is an alternative to placement of an endoscopic polyethylene endoprosthesis in patients with malignant biliary obstruction” (Pinol 2002) Reference Soderlund C, and Linder S. Covered metal versus plastic stents for malignant common bile duct stenosis: a prospective, randomized, controlled trial. GASTROINTESTINAL ENDOSCOPY 2006;63:986-995 Kaassis M, Boyer J, Dumas R, Ponchon T et al., plastic or metal stents for malignant stricture of the common bile duct? results of a randomized prospective study. gastrointest endosc 2003;57:178-82. Pi?ol V, Castells A, Bordas JM, Real MI, Llach J, Monta?à X, et al. Per