

ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 9209

Title: Use of retrieval-balloon-assisted enterography for successful ERCP in patients with Billroth II gastroenterostomy and Braun anastomosis

Reviewer code: 02823396

Science editor: Qi, Yuan

Date sent for review: 2014-01-27 15:09

Date reviewed: 2014-02-11 19:39

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 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

I have had the opportunity to review the article entitled "use of retrieval-balloon-assisted enterograpy for successful ERCP in patients with Billroth II gastroenterostomy and Braun anastomoosis. The authors have included 109 patients with B-II and 20 with B-II + Braun anastomosis. The concluded that R-B-A enterography improve the ERCP therapeutic success rate in such patients. In my opinion the authors should perform some modifications to improve the quality of the paper: 1-B-II gastrectomy is common, but Braun anastomois is less common, so the authors should explain the definition of both techniques 2-Discusion have to be modified and reduced in extension to avoid redundant comments and obtain a better understanding a) Discusion should stars with the results of the main objective (R-B-A enterography improve the), and after the results from the literature b)The authors should clarify the different techniques to perform comparisons, and probable a table could be convenient

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Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 9209

Title: Use of retrieval-balloon-assisted enterography for successful ERCP in patients with Billroth II gastroenterostomy and Braun anastomosis

Reviewer code: 02551692

Science editor: Qi, Yuan

Date sent for review: 2014-01-27 15:09

Date reviewed: 2014-02-12 05:48

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 checked="" 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 type="checkbox"/> Major revision

COMMENTS TO AUTHORS

Thank you for submitting your manuscript entitled "Use of retrieval-balloon-assisted enterography for successful ERCP in patients with Billroth II gastroenterostomy and Braun anastomosis" to the World Journal of Gastroenterology. This manuscript is a retrospective study and the sequel of a prior publication. The technique is very interesting and the results are very encouraging but it reflects only a single center experience. For this reason the results are not valid but It would be interesting to start a prospective study on this topic to valid the procedure. However, the study suggest a new therapeutic possibility to perform ERCP in patients with Billroth II that can be reproduced in other Centers and for this reason it could be published. Best regards M. Fabozzi, MD, PhD

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Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 9209

Title: Use of retrieval-balloon-assisted enterography for successful ERCP in patients with Billroth II gastroenterostomy and Braun anastomosis

Reviewer code: 02861137

Science editor: Qi, Yuan

Date sent for review: 2014-01-27 15:09

Date reviewed: 2014-02-19 20:03

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 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

It was a pleasure to review the manuscript entitled ? Use of retrieval-balloon-assisted enterography for successful ERCP in patients with Billroth II gastroenterostomy and Braun anastomosis ?. Authors described a new technique to improve the success rate of ERCP in such patients. The manuscript is well written and the results encourage the use of this technique. However I have some minor comments : - The major challenge in these patients is the identification of the correct entrances to achieve the papilla of Vater. I agree with authors that we can use the the greater and lesser gastric curvature as markers to identify the efferent loop on the BII anastomosis. However, in the Braun anastomosis the identification of the ? middle entrance ? might be very difficult because the rotation of the endoscope can change the point of view (i e, middle entrance may be interpreted as lower or upper entrance depending on the rotation). In addition, it seems that the surgical records are essential to identify whether the efferent loop was made on the lesser or greater curvature of the stomach. - There are some redundant comments on the Discussion (repetition of was described on the Results section) - It should be discussed that this study was retrospective, reflecting the experience of a single-center and also that the reproducibility of this technique should be assessed in the future.

Best Regards

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Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 9209

Title: Use of retrieval-balloon-assisted enterography for successful ERCP in patients with Billroth II gastroenterostomy and Braun anastomosis

Reviewer code: 02552723

Science editor: Qi, Yuan

Date sent for review: 2014-01-27 15:09

Date reviewed: 2014-02-23 00:00

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input 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 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
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COMMENTS TO AUTHORS

this procedure can be useful especially when you know what surgical procedure were used

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Title: Use of retrieval-balloon-assisted enterography for successful ERCP in patients with Billroth II gastroenterostomy and Braun anastomosis

Reviewer code: 02723208

Science editor: Qi, Yuan

Date sent for review: 2014-01-27 15:09

Date reviewed: 2014-02-23 17:00

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

COMMENTS TO AUTHORS

Nowadays, It might seem somewhat a provocation to submit an original article about ERCP in patients with gastroenterostomy. In fact it has been forecast that these kind of patients will be nearly non-existent he next decades. Nevertheless I think that this article should be published. Its strong points are the accurate and self-explaining iconography and the tutorial style of the method section; furthermore the fact that this article reports one of the largest available series of patients with Braun anastomosis (BA) treated by ERCP (if I am not incorrect the largest series, including 30 patients was published by Hintze). The authors should be congratulated for their suggestion/review of some cleaver professional tricks potentially useful for the endoscopists approaching these patients. I have some minor changes to suggest and some remarks to put in discussion: 1. I doubt that the high percentage of success reported by the authors in treating BA patients was only due to the use of the balloon-assisted enterography. The position of the duodenal stump is often visible on plain X-ray, as depicted simply by the air we insufflate during examination. I am a little sceptic about the utility of the balloon in facilitating the advance of the scope, but I realize that this is only my opinion. On the other hand, I think that an even more important determinant of these good results was the rational approach suggested by the Authors to recognize and explore the right loop. They highlight in the method and discussion sections the importance of reach the BA via the efferent loop. I regret that no traces of this useful technical suggestion are reported in the abstract. A simple statement could be sufficient: for instance: "In the present retrospective study, we aimed to describe the results of a standard original approach to the Braun anastomosis, including also the use of retrieval-balloon..." 2.

Authors quoted several times the disappointing results in BA patients reported by Cicek at al.

Hintze et al. reported a much better experience, comparable with results obtained in BII patients without BA. I think that Authors should be quote both these results and they should state that very different successful rates are reported for ERCP in BA patients. Furthermore, despite of the fact the Hintze did not describe how reach papilla in BA patients, it seems from Fig 1 in his article, that accessing it from the afferent loop was his standard approach. This point might be discussed. Authors should also considerate that anatomy may be vary also in BA patients, according to individual technical solutions preferred by the surgeon. 3. It is not clear for me what success rate of enterography means. To improve quick comparison of the present and other series by others contributors, I suggest using a more widely accepted terminology. Authors are invited to report their success in reaching the papilla, in cannulation and the overall clinical success of the procedure. 4. Authors focus their attention on their results in BA patients. There are few doubts that this is the most interesting part of their experience. Nevertheless if the Authors decide to report their complete experience, findings about both parts of their series should be shown with the same amount of details. I suggest to substitute Table 1, with another resuming concisely the characteristics and the findings of the patients in the two groups of BII patients (with and without BA). Alternatively they might consider the radical solution of reporting only findings in BA patients. 5. Although the focus is on how to reach the papilla, some more technical details are welcome (again to improve comparison with other experience): how did they perform sphincterotomy? How many endoscopic sessions were needed to complete the treatment? Did the Authors use a frontal-viewing instrument in some difficult cases? How long was the procedural time? In particular I wonder whether air or carbon bi-oxide was