

ESPS Peer-review Report**Name of Journal:** World Journal of Gastroenterology**ESPS Manuscript NO:** 9272**Title:** OUTCOME OF ENDOTHERAPY FOR PANCREAS DIVISUM IN PATIENTS WITH ACUTE RECURRENT PANCREATITIS**Reviewer code:** 00034432**Science editor:** Na Ma**Date sent for review:** 2014-02-08 12:55**Date reviewed:** 2014-02-10 15:03

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 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

Authors aimed to assess the rate of recurrent acute pancreatitis (RAP) and the evolution of endosonographic signs of chronic pancreatitis (CP) in pancreas divisum patients. Major comments 1. The inclusion criteria are not clear and should be better reported. 2. The randomization of patients introduces a bias in this study. Thus, the results seem to be unreliable based on this kind of selection. 3. Authors should report how many patients were screened to select these 36 patients. 4. Please report the K factor for EUS findings evaluated by the two operators. 5. It is quite surprising that endotherapy may modify the course of chronic pancreatitis. On the other hand, the authors should report the results according to intention-to-treat analysis. 6. The conclusion seems to reflect the point of view of authors and not the true results of the study. 7. Table 2 should be revised: please add the P value within the Table. 8. Table 4 should be revised: please add the P value within the Table.

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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 checked="" 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

1. For the diagnosis of pancreatic divisum, MRCP is difficult, even by ss MRCP. The missed or unclear portion of pancreatic duct can't be determined as a true pancreatic divisum or marked stenosis resulting from chronic pancreatitis. 2. Endoscopic treatment is not enough for chronic pancreatitis due to both dorsal pancreatic duct or ventral pancreatic duct should be managed. Only minor papilla endoscopic sphincterotomy is not sufficient. 3. In general, the stenosis of pancreatic duct should be dilated, such as stenting with stent diameter more than 8.5 Fr., balloon dilatation or Soehendra retriever. 4. The treatment of chronic pancreatitis should base on the structure of pancreatic duct, but the author did not mention it in this manuscript.

ESPS Peer-review Report**Name of Journal:** World Journal of Gastroenterology**ESPS Manuscript NO:** 9272**Title:** OUTCOME OF ENDOTHERAPY FOR PANCREAS DIVISUM IN PATIENTS WITH ACUTE RECURRENT PANCREATITIS**Reviewer code:** 00004525**Science editor:** Na Ma**Date sent for review:** 2014-02-08 12:55**Date reviewed:** 2014-03-25 15:34

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

Although there are many reports about outcomes of endotherapy for ARP with PD, this paper has done a prospective study using EUS. Furthermore, enrolled criteria are strict with exclusion of alcohol abuse or genetic changes.