



# BAISHIDENG PUBLISHING GROUP INC

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## ESPS Peer-review Report

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

**ESPS Manuscript NO:** 10324

**Title:** Morphological factors of biliary trees are associated with gallstone related biliary events

**Reviewer code:** 00008736

**Science editor:** Yuan Qi

**Date sent for review:** 2014-03-27 14:47

**Date reviewed:** 2014-03-31 17:02

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 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	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 paper is well written and clearly structured. The hypothesis and experimental setting is adequately chosen, presentation of results is clear and statistically well done. There are no major concerns against publication of the manuscript. Do the authors have follow-up data on Group B? This would be interesting to see the predictive value of the risk score provided here but probably needs a different study setting to address this question adequately.



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## ESPS Peer-review Report

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

**ESPS Manuscript NO:** 10324

**Title:** Morphological factors of biliary trees are associated with gallstone related biliary events

**Reviewer code:** 00001391

**Science editor:** Yuan Qi

**Date sent for review:** 2014-03-27 14:47

**Date reviewed:** 2014-04-07 23:35

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

## COMMENTS TO AUTHORS

This is a very interesting retrospective study with a clear and important message. The limitations of the study are well discussed. Especially, only 39/180 patients had asymptomatic gallstone. So a bias in results, in addition to technic artefact, is possible. Important points: Have you data on the timing of MR imaging in relation to biliary event? It can be postulated that anatomical position changes if we are far from the biliary event. I don't understand very well the cut off at 7 mm (I think this is the result of ROC analysis) for cystic duct whereas the mean cystic duct diameter was 5.9 mm in group A and 6.9 in group B. Can you provide median and range in the two groups for this data and number of patients <7 mm and > 7 mm in the groups A and B? It is also possible to provide the figure of the ROC for this variable Minor: Page 2: 180 patients and not 190 Page 8: The hypothesis will be better placed in the Methods or Discussion and not in the Result section.



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## ESPS Peer-review Report

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

**ESPS Manuscript NO:** 10324

**Title:** Morphological factors of biliary trees are associated with gallstone related biliary events

**Reviewer code:** 00053419

**Science editor:** Yuan Qi

**Date sent for review:** 2014-03-27 14:47

**Date reviewed:** 2014-04-08 02:25

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

## COMMENTS TO AUTHORS

The authors provide an interesting retrospective study that associate morphologic factors biliary events, including the number of gallstones, the diameter of the cystic duct and the angle between the long axis of the gallbladder and the cystic duct. There are a couple of comments for the authors: 1. The results paragraph relative to cystic duct diameter is confusing as the hypothesis based on mean diameters of groups A and B was that small diameter would cause biliary events, while classification of patients below or above 7 mm suggests that biliary events are more frequent in patients with larger cystic duct diameter. Apparent discrepancies with other studies are well discussed in the discussion section. 2. Figure 3 is not relevant. 3. The angle between the gallbladder and the cystic duct was measured by the intersection of 2 virtual lines that are defined by the pathologist. Did the authors considered a potential operator dependent deviation? 4. The authors and affiliations are not indicated in the manuscript.



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### ESPS Peer-review Report

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

**ESPS Manuscript NO:** 10324

**Title:** Morphological factors of biliary trees are associated with gallstone related biliary events

**Reviewer code:** 00007055

**Science editor:** Yuan Qi

**Date sent for review:** 2014-03-27 14:47

**Date reviewed:** 2014-04-08 17:41

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

### COMMENTS TO AUTHORS

This study is interesting and has potential clinical relevant. I have following comments: 1. Why did the patients from group A undergo MRCP. Did some patients have acute or chronic biliary events at or around the time of MRCP examination? What is the time interval from biliary events to MRCP experience and whether these patients accepted according treatment? Since the cholangitis was also included in the biliary events, were patients with CBD stones also included? 2. Was the diameter of cystic duct measured the outer or inner diameter. If it were the inner diameter and the patients were not experiencing acute biliary events, the results were really too large although the authors had some explanation about it. 3. A sentence in the first paragraph of the 'Discussion' section: "Other published risk factors for the progression to symptomatic gallstone disease include calculi > 2 cm in diameter, calculi < 3 mm in diameter, a patent cystic duct, a non-functioning gallbladder, and perioperative detection of incidental stones". What does the '2 cm' mean? 4. Since the authors concluded smaller cystic duct diameters were associated with the occurrence of gallstone-related biliary events, why did not use the narrowest diameter instead of the widest diameter as an index? 5. What is the advantage to predict the biliary events by using MRCP compared to ultrasonography? The ultrasonography is more acceptable than MRCP for the patents who do not have the experience of gallbladder stones.