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ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 15695

Title: Antioxidant drugs to prevent post-endoscopic retrograde cholangiopancreatography pancreatitis: What does evidence suggest?

Reviewer's code: 02997840

Reviewer's country: United States

Science editor: Jing Yu

Date sent for review: 2014-12-05 15:54

Date reviewed: 2014-12-24 23:19

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	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"/> The same title	<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"/> Duplicate publication	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		BPG Search:	<input type="checkbox"/> Major revision
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

COMMENTS TO AUTHORS

The manuscript by Fuentes-Orozco and colleagues is a well-written review of antioxidant therapy to prevent post-endoscopic retrograde cholangiopancreatography pancreatitis. The authors appropriately focus on the randomized clinical trials (those published between 1999 and 2013). The authors perform two types of analyses in their review. They compare and contrast the findings of each previous publication and they perform a statistical analysis of the outcomes of the patients included in the previous publications. In this review, the authors conclude there is little evidence to support the utility of anti-oxidant therapy to prevent post-ERCP pancreatitis. My concerns with the manuscript follow:

1. My major concern with the manuscript is the means by which the authors combine all patients into a single set for analysis. This approach (as opposed to a formal meta-analysis) should be more thoroughly described and justified within the text. Also, a description of the methods used for the statistical analysis should be provided.
2. Tables 1 & 2 should be extensively revised. The tables are too wordy and difficult to read. Repeated information should be removed and placed in a foot note (table 1, patient characteristics: all studies were performed in



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adults). Abbreviations can be helpful.

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Reviewer's code: 03004226

Reviewer's country: United States

Science editor: Jing Yu

Date sent for review: 2014-12-05 15:54

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CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input checked="" type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
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		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

COMMENTS TO AUTHORS

The authors present a well written and thorough review the theoretical basis for antioxidants and the available clinical work on this topic. **MAJOR CRITICISMS** 1) The authors need a brief methods section, particularly how they calculated the relative risk presented in the abstract and methods section. It does not appear that this was a formal meta-analysis, but nonetheless a short description of the approach is mandatory. If a formal meta-analysis was done please provide Forest plots, Funnel plots and a PRISMA flow diagram. If more of a systematic review (as appears to be the case) the approach to the literature review and statistical methods should be explained. 2) The discussion section should describe some thoughts about future directions of anti oxidant use to prevent PEP, new routes or upcoming data. **MINOR CRITICISMS:** 1) In paragraph 2 sentence 6 the authors note the criterion for PEP. The authors note that recent studies have required prolonged symptoms (or admission) for 24-48 hours-consider citing a couple of these studies 1) Elmunzer BJ, Scheiman JM, Lehman GA, et al. A randomized trial of rectal indomethacin to prevent post-ERCP pancreatitis. N Engl J Med 2012;366:1414-1422 2) Buxbaum J, Yan A, Yeh K, Lane C, Nguyen N, Laine L.



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Aggressive Hydration With Lactated Ringer's Solution Reduces Pancreatitis After Endoscopic Retrograde Cholangiopancreatography *Clinical Gastroenterology and Hepatology* 2014;12:303-307
2) In the discussion section regarding medical treatment with NSAIDS the high profile trial by Elmunzer et al (see minor criticism 1) should be mentioned as it has impacted management at leading centers.