



BAISHIDENG PUBLISHING GROUP INC

8226 Regency Drive, Pleasanton, CA 94588, USA

Telephone: +1-925-223-8242

Fax: +1-925-223-8243

E-mail: bpgoffice@wjgnet.com

http://www.wjgnet.com

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 23461

Title: Multicenter study of endoscopic preoperative biliary drainage for malignant distal biliary obstruction

Reviewer's code: 02731744

Reviewer's country: Japan

Science editor: Ze-Mao Gong

Date sent for review: 2015-11-23 16:57

Date reviewed: 2015-11-24 18:14

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

COMMENTS TO AUTHORS

Thank you for submit your manuscript to our journal. The authors described clinical impact of ENBD drainage as preoperative biliary drainage. I agree your results. But results are not so novel in Japan, however, this study included a large number of patients. Therefore, this manuscript has some advantages of publication in World J Gastroenterol if revised version is well corrected. Author described that 'Patients who were diagnosed with distal biliary obstruction'. However, in your study, involvement of the intrahepatic bile duct patients was included. Why? Only distal biliary obstruction patients were included? This result may be based on including intrahepatic bile duct cancer. I cannot agree this point. Because ENBD was performed in many biliary tract cancer patients in Japan, patient's selection bias may occur in your study. In addition, biliary cancer has biologically, clinically differences from pancreatic cancer. Therefore, biliary tract cancer should be excluded in your study.



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ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 23461

Title: Multicenter study of endoscopic preoperative biliary drainage for malignant distal biliary obstruction

Reviewer's code: 03026444

Reviewer's country: Japan

Science editor: Ze-Mao Gong

Date sent for review: 2015-11-23 16:57

Date reviewed: 2015-11-27 15:11

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

COMMENTS TO AUTHORS

Comments to authors Authors studied superiority between plastic stent (PS) and nasobiliary catheter (NBC) for preoperative drainage in a retrospective setting. This attempt is clinically valuable and the study is well-organized. Their results and conclusions are simple and reasonable. However, there are some questions for their results and requests for their analysis. Major comments: 1. In definitions, PS/NBC dysfunction includes occlusion of PS/NBC and cholangitis. What is the definition of "cholangitis"? And, how was the stent occlusion diagnosed? Did the authors decide any diagnostic factors for stent occlusion? What differences is it to "insufficient drainage"? 2. Basically, pancreatic cancer and bile duct cancer are different diseases. So, please perform additional analysis of the efficacy of drainage, separated into pancreatic cancer and bile duct cancer. It is fine to show the results even in the supplementary tables. 3. Why was scheduled PS replacement performed in so many 94 patients? They could not accept PS from the initial drainage? Moreover, this designed PS replacement was performed in a median of 8.4 days. And the incidence curve of PS/NBC dysfunction was separated at about 8 days between PS and NBC in figure 2. Is there a relationship in



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these? Minor comments: 1. Some parameters and statements are missing in Table 1 and 2. Eg. "Others", (percentages) in Table 1, severities of pancreatitis and percentages in Table 2. 2. Why did authors define the jaundice as 3.0 mg/dL? Did the subjects not include < 3.0 mg/dL? Did the patients with 2.9 mg/dL of T-bil not received EBD?