

## ESPS PEER-REVIEW REPORT

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

**ESPS manuscript NO:** 20893

**Title:** Suppository naproxen reduces incidence and severity of post-endoscopic retrograde cholangiopancreatography pancreatitis: Randomized controlled trial

**Reviewer's code:** 02823396

**Reviewer's country:** Spain

**Science editor:** Ze-Mao Gong

**Date sent for review:** 2015-06-27 13:32

**Date reviewed:** 2015-10-01 03:55

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input checked="" 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"/> 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 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

I have the opportunity to review this clinical trial focused on the efficacy of naproxen suppository to prevent post-ERCP-pancreatitis. The authors have confirmed this effect, demonstrated in previous studies with diclofenac or indometacine

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**Title:** Suppository naproxen reduces incidence and severity of post-endoscopic retrograde cholangiopancreatography pancreatitis: Randomized controlled trial

**Reviewer's code:** 00070271

**Reviewer's country:** Mexico

**Science editor:** Ze-Mao Gong

**Date sent for review:** 2015-06-27 13:32

**Date reviewed:** 2015-10-02 21:52

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 checked="" type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<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"/> 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 checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Major revision
		BPG Search:	
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

## COMMENTS TO AUTHORS

Review: ESPS Manuscript NO: 20893 Title: Suppository Naproxen Reduces Incidence and Severity of Post-ERCP Pancreatitis: Randomized Controlled Trial Manuscript Type: Randomized Controlled Trial Comments. Dear authors, we have read with interest your work about Naproxen in the reduction of incidence and severity of PEP. However there are some major subjects that need to be assessed. It is strongly necessary to update the references made in your study, because several original studies and meta-analyses have been done in the last 5 years stating the use and effectiveness of NSAIDs in the prevention of PEP. Studies made by Freeman ML, Elmunzer BJ, Balmadrid B, The European Society of Gastrointestinal Endoscopy (ESGE), The American College of Gastroenterology, Mazaki T, Testoni PA, Cheon YK, Dumonceau JM, Hanna MS, Dai HF, Rustagi T, Otsuka T, D?br?nte Z, Abu-Safieh Y, Ding X, Akbar A, Yaghoobi M, Sun HL, Sethi S, Ahmad D, Puig I, Choksi NS, among others, because the use of a suppository of naproxen seems interesting, but the information given in the manuscript is outdated. Abstract. • Some minor issues regarding grammar and structure of the abstract are recommended. Introduction. • The incidence of PEP mentioned in the

manuscript is 1 to 10%, however recent studies have shown that the incidence is higher. This should be addressed with the new references suggested to review. • In the last paragraph you state “A single dose of intraduodenal indomethacin during ERCP does not decrease the incidence and severity of PEP”. A study conducted by Andrade-Dávila et al. published in BMC Gastroenterology in 2015 contradicts this affirmation. It can be accessed in the following link: <http://www.biomedcentral.com/1471-230X/15/85>. Please assess this matter referencing that study, that goes along with the updated bibliography suggested. • In the same paragraph you state “Despite these benefits, the efficacy of NSAIDs for the prevention of PEP is unclear”, and “Although a recent meta-analysis indicated that rectal diclofenac or indomethacin reduce the incidence and severity of PEP, the authors stated that further study is needed for comparisons among these and other various NSAIDs”. Since 2010, the European Society of Gastrointestinal Endoscopy (ESGE) (along with more recent meta-analyses) has stated in their Guidelines that “Nonsteroidal anti-inflammatory drugs (NSAIDs) reduce the incidence of PEP; effective PEP prophylaxis has only been demonstrated using 100 mg of diclofenac or indomethacin administered rectally (Evidence level 1++). Routine rectal administration of 100 mg of diclofenac or indomethacin, immediately before or after ERCP, is recommended (Recommendation grade A)”. An Evidence level 1++ and a recommendation grade A contradict your statements. You must assess that. Material and methods. • There is no statement whether or not a Stent was used during the procedures. Either if it was used or not, you must state it in the manuscript. Results. • It would be good to mention the lapse of time given to the patients for subsequent or late complications. • Authors must show the results of the risk factors for developing PEP with raw numbers, proportions, mean and standard deviations and the P value that result from an univariate analysis, determining the relative risk and confidence intervals 95% (not odds ratio). Discussion. • The Discussion section is too short. You need to make more emphasis in your discoveries and the impact that your method could reach. • Again (as with the rest of the text), you need to make a comparison with the LATEST studies published, for your manuscript to have impact. Your manuscript would be worthless if your comparing a good method with the ones made 10 years ago. We will gladly review the manuscript once the changes are made. Best regards, Alejandro González-Ojeda, M.D., Ph. D., F.A.C.S. Reviewer. Research Unit in Medical Epidemiology. Specialty Hospital of the W

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**ESPS manuscript NO:** 20893

**Title:** Suppository naproxen reduces incidence and severity of post-endoscopic retrograde cholangiopancreatography pancreatitis: Randomized controlled trial

**Reviewer's code:** 00068891

**Reviewer's country:** China

**Science editor:** Ze-Mao Gong

**Date sent for review:** 2015-06-27 13:32

**Date reviewed:** 2015-10-03 10:27

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 checked="" type="checkbox"/> High priority for publication
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		<input type="checkbox"/> Plagiarism	
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## COMMENTS TO AUTHORS

This study observed the efficacy of a single dose of suppository Naproxen to prevent PEP occurring. A reliable results are obtained and further studies are needed in a large population of the patients, including multiple centered studies in different regions worldwide. The majority of the literatures referred are not new enough and should be replaced by those recently published (from the year of 2010-2015).