

## ESPS PEER-REVIEW REPORT

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

**ESPS manuscript NO:** 23918

**Title:** Impact of biliary stent-related events (SRE) in patients diagnosed with advanced pancreatobiliary tumours receiving palliative chemotherapy.

**Reviewer's code:** 03473402

**Reviewer's country:** Switzerland

**Science editor:** Ya-Juan Ma

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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 checked="" 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 type="checkbox"/> Grade C: Good		<input type="checkbox"/> Duplicate publication	
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Plagiarism	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade E: Poor		<input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Minor revision
	<input type="checkbox"/> Grade D: Rejected	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 authors explored the occurrence and consequences of stent-related events in a retrospective cohort of patients with pancreatobiliary cancer stented for biliary obstruction. They showed that 43% patients developed a stent-related during the follow-up, which could lead to chemotherapy delay or discontinuation, or death. Please find my comments below : General comments Some syntactic/orthographic mistakes remain in the text and tables/figures Replace "stent blockage" by "stent obstruction" Replace "multivariable" by "multivariate" Do not use "SRE-cohort" and "no-SRE cohort". There is only one cohort, which was produced according to your inclusion/exclusion criteria. To discriminate your patients, use "cases" and "controls" or "SRE group/patients" and "no-SRE group/patients" "p<0.05" and not "p-value<0.05%" A Kaplan-Meier survival curve depicting survival without SRE/time would be welcomed Did you encounter any other complication than obstruction/cholangitis ? (hemorrhage, perforation, ...) Abstract Do not abbreviate SRE more than once The origin of the 693 screened patients have to be mentioned, as well as the inclusion/exclusion criteria Chemotherapy does not need to be mentioned in the abstract Please state how long the

follow-up was Introduction Do not mix objectives and perspectives. The "feasibility of developing an adequately-powered clinical trial" is clearly not one of the objectives of your study, as it was not explored Materials and Methods Do not mix cancer localizations and histological types (gallbladder vs. cholangiocarcinoma) Rewrite the sentence about your inclusion criteria : "had previous biliary obstruction treated with biliary stenting; had a biliary stent in-situ at the time of starting palliative chemotherapy" could be : ""had an in-situ biliary stent for biliary obstruction at the time of ..." The section "The primary objective of this study was to... and overall survival (OS) should belong to the end of the introduction It should be indicated that you did not include patients on long-term antibiotics or ursodeoxycholic acid Results How was your follow-up defined? Do not indicate range, but SD or SEM, as appropriate Are the numbers you indicate (45%) means or medians? Similarly, SEM or SD should be mentioned "Cholangiocarcinoma" is not a primary tumour site Please mention the etiologies of deaths Discussion The discussion is of very good quality Figure 1 : The flowchart should not contain useless abbreviations. The legend should be rewritten. Table 2 : What does "unkown" mean? Should not it be excluded?