

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 31181

Title: Efficacy and safety of limited endoscopic sphincterotomy before self-expandable metal stent insertion for malignant biliary obstruction

Reviewer's code: 00070271

Reviewer's country: Mexico

Science editor: Jing Yu

Date sent for review: 2016-11-03 12:46

Date reviewed: 2016-11-24 03:21

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 type="checkbox"/> Minor revision
	<input type="checkbox"/> Grade D: Rejected	BPG Search:	<input checked="" 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

Dear authors: I have reviewed your manuscript. Your results and statistical analysis are well done. In general I found very interesting your work. However some corrections need to be done: First of all, this is not a clinical trial study, as you have classified it at the very top. This is a retrospective study as you mention also in some parts of the manuscript. The journal demands to add acknowledgments, conclusion and comments. Remember to use square brackets in every citation. Abstract If you read the guidelines for the manuscript the aim must not have more than 20 words; please modify it. You have to adhere to the word count thresholds; methods must not have less than 80 words and the conclusion no more than 26 words; also the keywords are less than the required. Introduction No comments. Materials and methods The number of patients included has to be mentioned in your results, not in this section. Same observation for the number of patients classified according to the type of cancer. The inclusion criteria needs to be more specific. Mention the main clinical findings; also mention the main laboratory parameters which were used. Clarify if all the patients had all the radiological studies mentioned, or if radiologic studies were practiced according to particular

characteristics of each patient and to the evidence of a malignant biliary obstruction. Clarify how bleeding was intended to be detected. Results You describe that you included patients with cholangitis pre-procedure (68 patients) while in your exclusion criteria you mention patients with severe cholangitis with or without septic shock. Which was the parameter to separate the patients included with cholangitis from the ones excluded with severe cholangitis. Do this on your material and methods to avoid confusion. The term endoscopic retrograde biliary drainage does not appear on the text while its abbreviation (ERBD) is used on the tables please do this correction. Percutaneous transhepatic biliary drainage does not have an abbreviation in the text while the abbreviation (PTBD) is used on the tables. The only factor statistically significant related to the complications rate that you mention (number of SEMS initially deployed) is not well described. How many patients with one SEMS deployed developed PEP or bleeding. Same observation with the patients with tow SEMS deployed. Discussion Your discussion is well founded. Although, aspects like the number of stents initially deployed are not discussed. Also at table 2 your analysis reveals p values < to 0.05 between cancer groups related to the number of SEMS initially deployed, the stent complication and the patency, which need to be included in this section of the manuscript. Also why is the number of attempts of cannulation not analyzed, considering it a risk factor for PEP. Tables: Table 2 title should change to Characteristics and complications according to cancer type. Please make the corrections requested. Thank you

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Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 31181

Title: Efficacy and safety of limited endoscopic sphincterotomy before self-expandable metal stent insertion for malignant biliary obstruction

Reviewer's code: 03025323

Reviewer's country: Japan

Science editor: Jing Yu

Date sent for review: 2016-11-03 12:46

Date reviewed: 2016-12-01 18:07

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 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 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 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

Comments to Authors This paper is mentioned about the efficacy and safety of limited ES accompanying SEMS placement for malignant biliary obstruction. Though it is a retrospective study, I think that it is clinically useful. But I think that there are some problems in this article. Minor revisions If there is no difference between with limited ES and without, I think we may not perform limited ES. Because there are some complications, and it cost more than without ES. In case of high risk of PEP we should perform limited ES. It has been mentioned by literature (No. 17). How do you think about it? In case of hilar biliary stricture, are there any cases, which were placed across the papilla? Were only distal biliary stricture cases placed across the papilla? The author should add about the above-mentioned.

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Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 31181

Title: Efficacy and safety of limited endoscopic sphincterotomy before self-expandable metal stent insertion for malignant biliary obstruction

Reviewer's code: 03262085

Reviewer's country: Japan

Science editor: Jing Yu

Date sent for review: 2016-11-03 12:46

Date reviewed: 2016-12-12 18:22

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

In this study, treatment outcomes of the group of patients who received limited endoscopic sphincterotomy for malignant biliary obstruction are demonstrated by disease group, by site of stenosis, and by stent type. The performance of the treatment as a whole is comparable to those already reported. However, the novel point or element compared to existing reports is not clear. Whether NSAIDs or protease inhibitors were used for preventing post-ERCP pancreatitis should be mentioned. Was the cannulation method for the biliary tract, either the wire-guided cannulation or the conventional cannulation with contrast medium? If both were used, do you have any strategy to use one or the other?