

## PEER-REVIEW REPORT

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

**Manuscript NO:** 71112

**Title:** Clinical outcomes of endoscopic papillectomy of ampullary adenoma: a multi-center study

**Provenance and peer review:** Unsolicited Manuscript; Externally peer reviewed

**Peer-review model:** Single blind

**Reviewer's code:** 00069471

**Position:** Editorial Board

**Academic degree:** MD, PhD

**Professional title:** Assistant Professor

**Reviewer's Country/Territory:** Japan

**Author's Country/Territory:** South Korea

**Manuscript submission date:** 2021-09-25

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2021-09-25 08:19

**Reviewer performed review:** 2021-10-02 15:46

**Review time:** 7 Days and 7 Hours

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Language quality	<input type="checkbox"/> Grade A: Priority publishing <input checked="" type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
Conclusion	<input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input checked="" type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
Re-review	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

<b>Peer-reviewer statements</b>	Peer-Review: [ <input checked="" type="radio"/> ] Anonymous [ <input type="radio"/> ] Onymous Conflicts-of-Interest: [ <input type="radio"/> ] Yes [ <input checked="" type="radio"/> ] No
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## SPECIFIC COMMENTS TO AUTHORS

In this study, authors investigated the long-term outcomes of endoscopic papillectomy (EP) and the factors for several clinical outcomes. This study provides us with much information and is helpful in real several EP situations. Major comments: 1. In this study, how was an unclear margin case treated? According to Table 2, margin status was classified into only 2 categories: positive or negative. 2. Authors analyzed the risk factors for pancreatitis after EP, and multivariate logistic regression analysis revealed that thermal ablation and pancreatic ductal stent insertion (PDS) were independent significant risk factors. How do authors interpret this result? It seems quite strange that PDS is an independent risk factor for pancreatitis after EP. In this study PDS was performed in 78 cases (73.6%). In what kind of cases was PDS performed? Was there any criterion? 3. Multivariate analysis revealed that piecemeal resection was a risk factor for bleeding. How do authors explain causal relationship?

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**Peer-review model:** Single blind

**Reviewer's code:** 05562744

**Position:** Editorial Board

**Academic degree:** FACS, MD, PhD

**Professional title:** Professor, Senior Scientist

**Reviewer's Country/Territory:** Turkey

**Author's Country/Territory:** South Korea

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**Reviewer chosen by:** AI Technique

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**Review time:** 22 Hours

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Language quality	<input type="checkbox"/> Grade A: Priority publishing <input checked="" type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
Conclusion	<input type="checkbox"/> Accept (High priority) <input checked="" type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
Re-review	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

<b>Peer-reviewer statements</b>	Peer-Review: [ <input type="checkbox"/> ] Anonymous [ <input checked="" type="checkbox"/> ] Onymous Conflicts-of-Interest: [ <input type="checkbox"/> ] Yes [ <input checked="" type="checkbox"/> ] No
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## SPECIFIC COMMENTS TO AUTHORS

The authors have evaluated 119 patients with endoscopic papillectomy for malign ampullary lesions. Briefly, they have found that 81(76.4%) underwent curative resection, 99 (93.4%) had endoscopic success, showing most patients with non-curative resection were successfully managed with endoscopy. 16 patients (15.1%) had piecemeal resection, 22 patients (20.8%) had shown positive resection margin, 11 patients (16.1%) had an early recurrence, 13 patients (10.4%) had a late recurrence, and 6 patients (12.3%) had a re-recurrence. In multivariate analysis, a positive margin (OR 4.023,  $p = 0.048$ ) and piecemeal resection (OR 6.610,  $p = 0.005$ ) were significant risk factors for early and late recurrence, respectively. Piecemeal resection was also a significant risk factor for non-curative resection (OR 5.424,  $p = 0.007$ ). 26 patients experienced adverse events (24.5%). Abstract: Please clarify the endoscopic success Introduction: well written Materials and methods: well organized Results: The authors have written the results very well Discussion: All the results have been discussed.

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**Provenance and peer review:** Unsolicited Manuscript; Externally peer reviewed

**Peer-review model:** Single blind

**Reviewer's code:** 05226121

**Position:** Peer Reviewer

**Academic degree:** MBBS, MD

**Professional title:** Academic Fellow, Academic Research, Doctor, Junior Editor, Teaching Assistant

**Reviewer's Country/Territory:** United States

**Author's Country/Territory:** South Korea

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**Review time:** 1 Hour

<b>Scientific quality</b>	[ <input checked="" type="radio"/> ] Grade A: Excellent [ <input type="radio"/> ] Grade B: Very good [ <input type="radio"/> ] Grade C: Good [ <input type="radio"/> ] Grade D: Fair [ <input type="radio"/> ] Grade E: Do not publish
<b>Language quality</b>	[ <input checked="" type="radio"/> ] Grade A: Priority publishing [ <input type="radio"/> ] Grade B: Minor language polishing [ <input type="radio"/> ] Grade C: A great deal of language polishing [ <input type="radio"/> ] Grade D: Rejection
<b>Conclusion</b>	[ <input checked="" type="radio"/> ] Accept (High priority) [ <input type="radio"/> ] Accept (General priority) [ <input type="radio"/> ] Minor revision [ <input type="radio"/> ] Major revision [ <input type="radio"/> ] Rejection



**Baishideng  
Publishing  
Group**

7041 Koll Center Parkway, Suite  
160, Pleasanton, CA 94566, USA  
**Telephone:** +1-925-399-1568  
**E-mail:** bpgoffice@wjgnet.com  
<https://www.wjgnet.com>

<b>Re-review</b>	[ <input type="checkbox"/> ] Yes [ <input checked="" type="checkbox"/> ] No
<b>Peer-reviewer statements</b>	Peer-Review: [ <input checked="" type="checkbox"/> ] Anonymous [ <input type="checkbox"/> ] Onymous Conflicts-of-Interest: [ <input type="checkbox"/> ] Yes [ <input checked="" type="checkbox"/> ] No

#### **SPECIFIC COMMENTS TO AUTHORS**

Was white light used for adenoma inspection and recurrence or NBI was also used.  
Was pathology slides read by gastrointestinal pathologist or general pathology. Also, bias could be also on different experience of endoscopist on how well they are trained in these procedures. Seven different endoscopist may have different outcome. Also, how many pathologist were involved different readers can contribute to bias especially with low grade dysplasia.