

PEER-REVIEW REPORT

Name of journal: *World Journal of Gastrointestinal Endoscopy*

Manuscript NO: 73274

Title: Endoscopic retrograde cholangiopancreatography for bile duct stones in patients with a performance status score of 3 or 4

Provenance and peer review: Invited manuscript; externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 03000523

Position: Editorial Board

Academic degree: FEBG, MD, PhD

Professional title: Associate Professor, Research Assistant Professor

Reviewer's Country/Territory: Croatia

Author's Country/Territory: Japan

Manuscript submission date: 2021-11-17

Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-12-09 09:05

Reviewer performed review: 2021-12-16 23:26

Review time: 7 Days and 14 Hours

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 Grade E: Do not publish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

**Peer-reviewer
statements**

Peer-Review: ☒ Anonymous ☐ Onymous

Conflicts-of-Interest: ☐ Yes ☒ No

SPECIFIC COMMENTS TO AUTHORS

Dear Editor, Although the article is correctly written and clearly presented, the objective is not clear to me. Indeed, ERCP is a specific therapeutic procedure for which there are clear indications and clear contraindications. If a patient needs ERCP (choledocholithiasis or biliary stricture), there is no adequate, less invasive method that would provide equally good results. Therefore, the decision to perform ERCP or not does not depend on the patient's performance status, but on whether there is an indication for ERCP. Of course, patients who are older and have comorbidities are more likely to have a worse outcome no matter which method we use. Therefore, I think the paper does not add to the knowledge in this area.

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Reviewer's code: 05402614

Position: Peer Reviewer

Academic degree: MD

Professional title: Professor

Reviewer's Country/Territory: United States

Author's Country/Territory: Japan

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Reviewer chosen by: AI Technique

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Review time: 6 Days and 7 Hours

Scientific quality	<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
Language quality	<input type="radio"/> Grade A: Priority publishing <input checked="" type="radio"/> Grade B: Minor language polishing <input type="radio"/> Grade C: A great deal of language polishing <input type="radio"/> Grade D: Rejection
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Peer-reviewer statements	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

For a more detailed analysis, please see attached file WJG ERCP CBDS PS3. First: This studies contributes data to just a few extant data points about safety and efficacy of ERCP for CBDS in some of the "sickest" patients that can be seen. This is all the more important as the number of this subpopulation grows with the aging worldwide population. Second: Study was well designed and executed. Third: Study was completed only in East Asian populations in experienced centers. The results may not prove replicable for non academic centers in Central America, for example. More data is needed worldwide in areas with different levels of expertise and approach (for instance, greater use of General Anesthesia and MAC in the US for ERCP).