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PEER-REVIEW REPORT

Name of journal: *World Journal of Gastrointestinal Endoscopy*

Manuscript NO: 81429

Title: EUS guided biliary drainage in surgically altered anatomy : a comprehensive review of various approaches

Provenance and peer review: Invited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 03727100
Position: Editorial Board
Academic degree: MD, PhD

Professional title: Assistant Professor, Doctor

Reviewer's Country/Territory: Japan

Author's Country/Territory: India

Manuscript submission date: 2022-11-11

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-11-11 04:18

Reviewer performed review: 2022-11-11 08:00

Review time: 3 Hours

Scientific quality	[ ] Grade A: Excellent [ ] Grade B: Very good [Y] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish
Language quality	[Y] Grade A: Priority publishing [ ] Grade B: Minor language polishing [ ] Grade C: A great deal of language polishing [ ] Grade D: Rejection
Conclusion	[ ] Accept (High priority) [ ] Accept (General priority) [ ] Minor revision [Y] Major revision [ ] Rejection
Re-review	[ ] Yes [Y] No

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Peer-reviewer statements	Peer-Review: [Y] Anonymous [ ] Onymous
	Conflicts-of-Interest: [ ] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

Thank you for giving me the chance to review this manuscript. I have some concerns. 1. First, I want authors to make the large sections easier to understand. 2. Could you show the detail of EDGE procedure? 3. What does "LA-ERCP" mean? 4. In page nine, the authors mentioned "EUS BD can be safe alternative to enteroscope assisted ERCP in patients with surgically altered anatomy." However, the authors described "AEs occurred in the EUS-BD group (20 % vs. 4 %, P = 0.01) which were of mild/moderate severity" in the same page. What are the detailed contents of the adverse events associated with EUS-BD? The occurrence of pancreatitis should become lower by performing EUS-BD. 5. What does "EUS-ABS" mean? 6. What does "CA" mean? 7. What does "RYGB" mean? 8. What does "RYHJ" mean?

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Manuscript NO: 81429

Title: EUS guided biliary drainage in surgically altered anatomy : a comprehensive review of various approaches

Provenance and peer review: Invited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 00068668
Position: Peer Reviewer
Academic degree: FASGE, MD, MSc, PhD

Professional title: Assistant Professor, Doctor, Staff Physician

Reviewer's Country/Territory: United States

Author's Country/Territory: India

Manuscript submission date: 2022-11-11

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-11-11 19:41

Reviewer performed review: 2022-11-11 20:06

Review time: 1 Hour

Scientific quality	[ ] Grade A: Excellent [ ] Grade B: Very good [Y] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish
Language quality	[ ] Grade A: Priority publishing [Y] Grade B: Minor language polishing [ ] Grade C: A great deal of language polishing [ ] Grade D: Rejection
Conclusion	[ ] Accept (High priority) [ ] Accept (General priority) [ ] Minor revision [Y] Major revision [ ] Rejection
Re-review	[Y] Yes [ ] No

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Peer-reviewer statements	Peer-Review: [Y] Anonymous [ ] Onymous
	Conflicts-of-Interest: [ ] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

I read with interest the review and I think that the topic is interesting. However, I consider that could be interesting for general gastroenterologist and not for advanced endoscopist. In general, the paper deals with different advanced techniques in a very superficial manner and is not deep enough to be in the interest of advanced endoscopist. There are many topics ignored in the paper as well as many interesting references (Ex. PTBD vs EUS did not mention at least a couple of RCT comparing these techniques, di not mentioned papers about EUS-CD vs EUS-HGS, etc).

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PEER-REVIEW REPORT

Name of journal: *World Journal of Gastrointestinal Endoscopy*

Manuscript NO: 81429

Title: EUS guided biliary drainage in surgically altered anatomy : a comprehensive review of various approaches

Provenance and peer review: Invited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 06215370
Position: Peer Reviewer
Academic degree: MD

Professional title: Chief Doctor, Professor

Reviewer's Country/Territory: China

Author's Country/Territory: India

Manuscript submission date: 2022-11-11

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-11-12 06:27

Reviewer performed review: 2022-11-12 13:29

Review time: 7 Hours

Scientific quality	[ ] Grade A: Excellent [ ] Grade B: Very good [Y] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish
Language quality	[ ] Grade A: Priority publishing [Y] Grade B: Minor language polishing [ ] Grade C: A great deal of language polishing [ ] Grade D: Rejection
Conclusion	[ ] Accept (High priority) [ ] Accept (General priority) [Y] Minor revision [ ] Major revision [ ] Rejection
Re-review	[Y] Yes [ ] No

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Peer-reviewer statements	Peer-Review: [Y] Anonymous [ ] Onymous
	Conflicts-of-Interest: [ ] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

Thanks to the authors for sharing this important topic. There are two suggestions: 1. Too many X-ray images may not be conducive to non-expert readers. Therefore, more illustrations of surgically altered anatomy would be better for them to understand the specific process of the advanced endoscopic procedure and the advantages of EUS-guided biliary drainage. 2. Reference of endoscopic biliary drainage in patients with surgically altered anatomy are not rare. However, less than 30 references are listed in this current manuscript, and about half of them were published 5 years ago. It is recommended to supplement and update these references.

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PEER-REVIEW REPORT

Name of journal: *World Journal of Gastrointestinal Endoscopy*

Manuscript NO: 81429

Title: EUS guided biliary drainage in surgically altered anatomy : a comprehensive review of various approaches

Provenance and peer review: Invited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 05130811
Position: Peer Reviewer
Academic degree: MD

Professional title: Chief Doctor

Reviewer's Country/Territory: Japan

Author's Country/Territory: India

Manuscript submission date: 2022-11-11

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-11-11 05:46

Reviewer performed review: 2022-11-14 04:16

Review time: 2 Days and 22 Hours

Scientific quality	[ ] Grade A: Excellent [ ] Grade B: Very good [ ] Grade C: Good [Y] Grade D: Fair [ ] Grade E: Do not publish
Language quality	[ ] Grade A: Priority publishing [Y] Grade B: Minor language polishing [ ] Grade C: A great deal of language polishing [ ] Grade D: Rejection
Conclusion	[ ] Accept (High priority) [ ] Accept (General priority) [ ] Minor revision [Y] Major revision [ ] Rejection
Re-review	[Y] Yes [ ] No

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Peer-reviewer statements	Peer-Review: [Y] Anonymous [ ] Onymous
	Conflicts-of-Interest: [ ] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

COMMENTS TO AUTHORS: Manuscript NO: 81429 Title: EUS guided biliary drainage in surgically altered anatomy : a comprehensive review of various approaches REVIEW: This article is a review of Interventional EUS, particularly biliary drainage, from a bird's eye view. It outlines each method and discusses a recent new approach, EUS-guided gastrojejunostomy bypass (EUS-GJ). However, the explanations of each methodology are limited to concepts, and there are a few descriptions of treatment data that convey the characteristics of the procedure to the reader. In addition, although comparisons between e-ERCP and interventional EUS are often discussed, it seems that e-ERCP reports are biased toward those with poor results. Furthermore, as the author describes, there are different types of SAA, and the results of e-ERCP vary greatly depending on the type of SAA. Please describe the comparison with Interventional EUS according to each of those types. In addition, the contingencies that are more likely to be serious in e-ERCP and Interventional EUS are different: gastrointestinal perforation in e-ERCP and hemorrhage, peritonitis, and stent deviation in Interventional EUS. Please consider weighting according to the type of contingency, not just the rate. <Majour> 1. The success and complication rate of e-ERCP varies with each technique. Please describe allowing the reader to compare and discuss EUS-BD and e-ERCP for each SAAs: Sleeve gastrectomy, Billroth I gastrectomy, Billroth II reconstruction, Roux- en- Y gastric bypass, and Whipple procedure. (on page 4-5) 2. How often is interventional EUS needed for these SAAs in previous study?: Sleeve gastrectomy, Billroth I gastrectomy, Billroth II reconstruction, Roux- en- Y gastric bypass, and Whipple procedure. 3. Among SAAs, B-II has been reported to have a particularly high incidence of accidental

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perforation of the gastrointestinal tract. If you can find such literature, consider "If you have difficulty inserting an e-ERCP scope in B-II, I suggest that you switch to Interventional EUS without straining". (on page 4 line 20) 4. Roux-en-Y is the one that has the lowest e-ERCP success rate among SAAs. More often than not, e-ERCP in B-II and whipple is not difficult. Roux-en-Y should be properly considered with additional data. (on page 5 line 3) 5. I am not sure what kind of procedure was done in this description. Did Kedia et al. percutaneously create a fistula in the remaining stomach, insert an EUS scope through the fistula, puncture the 2nd portion of duodenal through the remaining stomach with EUS, and create a second fistula using LAMS? Couldn't they have inserted the EUS scope through the mouth and performed EUS-HGS from the remaining stomach? For this statement, we suggest adding an explanation so that the reader can understand it, or removing it altogether. (on page 6 line 22- page 7 line 1) 6. What kind of cases are they targeting, R-en-Y, B-I, B-II, Sleeve? Please clarify population. (on page 8 line 22, Kedia et al.; on page 9 line 2, Bukuhari et al.) 7. The success rate of e-ERCP is too low in the cited references. Are you citing biased citations? Please consider citing papers together that e-ERCP and EDGE consider equivalent. (on page 9 line 5 and line 13) 8. What kind of cases are you targeting, R-en-Y, B-I, B-II, Sleeve? (on page 9 line 10) 9. I think that "safe" is a mismatch of the results of cited literature, and your conclusions, even though EUS-BD had more incident cases. What is the level of moderate complications? Do they use CTCAE or other criteria? (on page 9 line 18) 10. Please describe its effectiveness on quality of life and Actives of daily living. (on page 9 line 21) 11. You are referring to EUS-like gastric jejunostomy bypass. Readers who are familiar with this technique will understand it, but the reader may have difficulty understanding the text as it is written. (on page 10 line 14) Minor 1. How about adding "malignant biliary stricture" and "benign biliary stricture" as keywords? (on page 3 line 10-11) 2. The sentence on page 6 line 19-22 has already been described above.

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Please delete the duplicate. 3. What is the surgical technique? It is important whether the stomach is present or not. (on page 8 line 16) 4. Is this the result of an attempted internalization in all patients in the PTBD group by Iwashita et al. Or does it include those who did not attempt internalization? (on page 10 line 2) 5. What is the equal between EUS-BD and PTBD?: success rate, complication rate, ADL, or QOL, etc. (on page 12 line 5)

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RE-REVIEW REPORT OF REVISED MANUSCRIPT

Name of journal: *World Journal of Gastrointestinal Endoscopy*

Manuscript NO: 81429

Title: EUS guided biliary drainage in surgically altered anatomy : a comprehensive review of various approaches

Provenance and peer review: Invited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 05130811
Position: Peer Reviewer
Academic degree: MD
Professional title: Chief Doctor
Reviewer's Country/Territory: Japan
Author's Country/Territory: India

Manuscript submission date: 2022-11-11

Reviewer chosen by: Ji-Hong Liu

Reviewer accepted review: 2022-12-30 08:30

Reviewer performed review: 2022-12-31 14:34

Review time: 1 Day and 6 Hours

Scientific quality	[ ] Grade A: Excellent [ ] Grade B: Very good [Y] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish
Language quality	[Y] Grade A: Priority publishing [ ] Grade B: Minor language polishing [ ] Grade C: A great deal of language polishing [ ] Grade D: Rejection
Conclusion	[ ] Accept (High priority) [Y] Accept (General priority) [ ] Minor revision [ ] Major revision [ ] Rejection
Peer-reviewer	Peer-Review: [Y] Anonymous [ ] Onymous

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statements	Conflicts-of-Interest: [ ] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

To authors and editors, Well revised against peer review. One minor revision remains. If you can respond to it, please accept it: How often is interventional EUS needed for these SAAs in previous study?: Sleeve gastrectomy, Billroth I gastrectomy, Billroth II reconstruction, Roux en Y gastric bypass, and Whipple procedure. Ans: Thank you for the comment. The need for interventional EUS is likely to be higher with more complex altered anatomies like Roux-en-Y Gastric bypass. However, no previous studies have assess the comparative need based on surgical altered anatomy. Please include the followning sentence in the text."no previous studies have assess the comparative need based on surgical altered anatomy".