

## ESPS PEER-REVIEW REPORT

**Name of journal:** World Journal of Gastrointestinal Endoscopy

**ESPS manuscript NO:** 19911

**Title:** Advanced endoscopic imaging of indeterminate biliary strictures

**Reviewer's code:** 00007813

**Reviewer's country:** Taiwan

**Science editor:** Yue-Li Tian

**Date sent for review:** 2015-05-27 08:49

**Date reviewed:** 2015-06-28 21:51

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input checked="" type="checkbox"/> Grade A: Excellent	<input checked="" type="checkbox"/> Grade A: Priority publishing	Google Search:	<input checked="" 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 checked="" type="checkbox"/> Plagiarism	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		[Y] No	<input type="checkbox"/> Major revision
		BPG Search:	
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		[Y] No	

## COMMENTS TO AUTHORS

The manuscript is well written. If possible, more comments on current status of EUS elastography are suggested.

## ESPS PEER-REVIEW REPORT

**Name of journal:** World Journal of Gastrointestinal Endoscopy

**ESPS manuscript NO:** 19911

**Title:** Advanced endoscopic imaging of indeterminate biliary strictures

**Reviewer's code:** 01467363

**Reviewer's country:** Slovenia

**Science editor:** Yue-Li Tian

**Date sent for review:** 2015-05-27 08:49

**Date reviewed:** 2015-06-08 19:52

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> [ Y] Accept
<input type="checkbox"/> [ Y] Grade B: Very good	<input type="checkbox"/> [ Y] 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"/> [ Y] No	<input type="checkbox"/> [ ] Minor revision
<input type="checkbox"/> [ ] Grade E: Poor		BPG Search:	<input type="checkbox"/> [ ] Major revision
		<input type="checkbox"/> [ ] The same title	
		<input type="checkbox"/> [ ] Duplicate publication	
		<input type="checkbox"/> [ ] Plagiarism	
		<input type="checkbox"/> [ Y] No	

## COMMENTS TO AUTHORS

Title and running head: appropriate, define the content of the paper. Key words: 5, appropriate, specify the content of the manuscript. Abstract: not structured, 138 words, informative. Introduction: 220 words, the reader is acquainted with known facts about the diagnostic problem and its challenging nature. Chapter with different diagnostic methods: 3840 words, presented are different diagnostic methods: ERCP, advanced cytologic techniques for ERCP-acquired biliary brushing specimens - fluorescence in situ hybridization, digital image analysis, flow cytometry, EUS, intraductal ultrasound (IDUS), cholangioscopy, confocal laser endomicroscopy and optical coherence tomography. The authors present advantages and disadvantages of each method as well as insights into the future, with other diagnostic possibilities: high-resolution microendoscopy, Raman spectroscopy, EUS elastography and CLE with chromocholangioscopy or autofluorescence. Conclusion: 205 words, with a clear final message: the use of different diagnostic methods must be tempered by the realization of only marginal improvements in diagnostic sensitivity and frequent decrement in specificity, their potential for adverse events, and associated



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cost. References: 90, relevant, the majority from the last decade, including the most influential journals in the field (Gastrointestinal Endoscopy, Endoscopy, Digestive Endoscopy, Gastroenterology, World Journal of gastrointestinal Endoscopy, Hepatology...); the oldest reference is Scandinavian journal of gastroenterology. Supplement 1986;123:151-7. Figures: the article is enriched with 3 figures (Representative fluorescence in situ hybridization (FISH) microscopic image, Endoscopic ultrasonographic findings in a patient found to have locally-advanced cholangiocarcinoma, Passage of a SypGlass cholangioscope through a therapeutic duodenoscope to better evaluate hilar strictures and filling defects) and a table (Potential etiologies of indeterminate biliary stricture (IDBS) . Conflict of interest: no conflict declared.

## ESPS PEER-REVIEW REPORT

**Name of journal:** World Journal of Gastrointestinal Endoscopy

**ESPS manuscript NO:** 19911

**Title:** Advanced endoscopic imaging of indeterminate biliary strictures

**Reviewer's code:** 01799104

**Reviewer's country:** Taiwan

**Science editor:** Yue-Li Tian

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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 checked="" type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input checked="" 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 type="checkbox"/> Grade D: Rejected	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Minor revision
		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

First of all, congratulate the authors for discussing the current endoscopic imaging of indeterminate biliary strictures in concise manners. This review article is worthwhile for the readers. There is a minor concern that I would suggest personally but not comments to the authors. Would it be better if there is a comparative table with advantages and disadvantages with each diagnostic modality?