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ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastrointestinal Endoscopy

ESPS manuscript NO: 23865

Title: Lower incidence of complications in endoscopic nasobiliary drainage for hilar cholangiocarcinoma

Reviewer's code: 00050424

Reviewer's country: Greece

Science editor: Ya-Juan Ma

Date sent for review: 2015-12-22 14:39

Date reviewed: 2016-01-22 03:22

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 retrospective study, the authors end up into some conclusions, the majority of which are well known from previous studies. What is new is that according to their findings ENBD was a better approach and with lower complications. It is not clear whether ENBD placement was a permanent approach or a temporary action before the final biliary drainage. If ENBD was a definitive approach then quality of life should be examined because a stent is more easily accepted by the patients for long term use.



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ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastrointestinal Endoscopy

ESPS manuscript NO: 23865

Title: Lower incidence of complications in endoscopic nasobiliary drainage for hilar cholangiocarcinoma

Reviewer's code: 00058573

Reviewer's country: India

Science editor: Ya-Juan Ma

Date sent for review: 2015-12-22 14:39

Date reviewed: 2016-01-16 15:38

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"/> 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"/> [Y] 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"/> [Y] 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"/> [Y] No	

COMMENTS TO AUTHORS

Nice article. However few points need clarification. 1. In METHODS section, its mentioned In our institution, the initial drainage technique for patients with hilar cholangiocarcinoma is usually unilateral endoscopic nasobiliary drainage (ENBD) to the future remnant liver lobe.[8] If ENBD is the preferred technique, why was EBS done in 33/118 patients as the initial drainage. It's not clearly defined as which patients were selected for ENBD or EBS? What was the criteria for allocating the patient to either group. 2. While tabulating Complications as in Table-2, why the total complications are shown with out showing the complications in each group (ENBD and EBS). When you intend to compare the complications of two groups, isn't it necessary to show the parameters in both the groups



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ESPS PEER-REVIEW REPORT

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Title: Lower incidence of complications in endoscopic nasobiliary drainage for hilar cholangiocarcinoma

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Reviewer's country: Norway

Science editor: Ya-Juan Ma

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CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
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<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

The manuscript presents a cohort of 118 patients with hilar cholangiocarcinoma, focusing on the best way to obtain biliary drainage. In a retrospective study, one or more complications were observed in 92 patients (78%), but endoscopic nasobiliary drainage (ENBD) is less dangerous than endoscopic biliary stent (EBS). The data also suggest that endoscopic papillotomy prevents post ERC pancreatitis. The data are interesting, and may even have some degree of external validity, ie - other tertiary HPB centers may come to similar results if the same preoperative workup is applied: "Preoperative drainage is mandatory to assess the surgical resectability and obtain pathological confirmation" (Introduction, upper paragraph - with ref 3 and 4, as evidence base). Several HPB-centers does not follow this path, but try to avoid preoperative drainage, if clinically possible. Peroperative verification of the carcinoma cannot be required, as even repeated endoscopic biopsies may end negative on atypical cells, even when the carcinoma is verified in the surgically resected specimen. In my opinion, the manuscript should be "turned around" (profoundly rewritten), and at least in the discussion, it should be underlined that the present high frequency of serious complications strongly



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support the avoidance of preoperative drainage. The recommendation of ENBD is supported by the data, and this is relevant for any reader, as several patients with hilar cholangiocarcinoma cannot avoid biliary drainage for numerous reasons.