



ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastrointestinal Endoscopy

ESPS manuscript NO: 30854

Title: Successful endoscopic treatment of an intraductal papillary neoplasm of the bile duct

Reviewer's code: 02446404

Reviewer's country: Italy

Science editor: Jin-Xin Kong

Date sent for review: 2016-10-23 22:56

Date reviewed: 2016-11-05 05:06

Table with 4 columns: CLASSIFICATION, LANGUAGE EVALUATION, SCIENTIFIC MISCONDUCT, CONCLUSION. It contains checkboxes for various evaluation criteria like Grade A-E, polishing, and plagiarism.

COMMENTS TO AUTHORS

The paper by Natov et al. illustrated the multi-step diagnostic process and the successful treatment of an intraductal papillary neoplasm of the bile duct (IPNB) by endoscopic retrograde cholangiopancreatography (ERCP)-guided radiofrequency ablation (RFA). The instrumental follow-up of the case is rather short (9 months) for a biliary malignancy. The diagnostic procedure and the management during the follow-up employed diagnostic tools considered as the gold standard, such as brushing cytology and FISH, and also innovative procedures, such as cholangioscopy. Finally the paper described the first reported case of successful use of RFA as a primary treatment modality for resectable IPNB. Comments: The major limitation of the study, apart being a report of a single case, is the length of the instrumental follow up (9 months) and clinical follow-up (15 months). The colleagues should provide information about the last instrumental/radiology (US, CT, MRI) control available along the clinical follow-up to strength the evidence of the absence of local and distant progression. Please comment about the first ERCP procedure with culminate in the placement of a plastic stent. In this case the cytology revealed



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atypical cells but the FISH or other tests were not performed. To make the paper more appealing and interesting I suggest to add figures of the cholangioscopy appearance and the histology features. Please indicate in the discussion how the diagnosis of Ampulloma was excluded. It will be interesting to include data on contrast enhanced CT or MRI during the diagnostic procedure, in particular with respect the thickens of the bile duct and contrast enhancement. Please discuss why the option of an endoscopy US after the first ERCP was not considered. Please use Kg instead lbs. Please indicate the normal values of the listed exams



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ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastrointestinal Endoscopy

ESPS manuscript NO: 30854

Title: Successful endoscopic treatment of an intraductal papillary neoplasm of the bile duct

Reviewer's code: 00043819

Reviewer's country: Italy

Science editor: Jin-Xin Kong

Date sent for review: 2016-10-23 22:56

Date reviewed: 2016-11-06 18:48

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 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 checked="" 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 checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Minor revision
	<input type="checkbox"/> Grade D: Rejected	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

Authors describe a case of successful treatment of intraductal papillary tumor of the bile duct with ERCP guided RFA. The case is interesting. However, the follow-up is too short to draw definitive conclusion about long-term outcome after this procedure that should be considered as palliative treatment. The role of EUS in the diagnosis and follow-up after treatment should be introduced and discussed.



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ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastrointestinal Endoscopy

ESPS manuscript NO: 30854

Title: Successful endoscopic treatment of an intraductal papillary neoplasm of the bile duct

Reviewer's code: 03537672

Reviewer's country: Japan

Science editor: Jin-Xin Kong

Date sent for review: 2016-10-23 22:56

Date reviewed: 2016-11-28 08:27

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 checked="" type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input type="checkbox"/> High priority for publication
<input checked="" 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"/> No	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		BPG Search:	<input checked="" 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

1. Authors should provide the histologic photos to present the histopathology of this case. 2. Please provide the photos of SpyGlass, before and after the treatment. 3. Did author perform intraductal ultrasonography (IDUS)? The depth of the tumor should be evaluated by IDUS before RFA. 4. Contrast-enhanced MDCT images, especially MPR images, should be presented to depict the tumor.