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ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastrointestinal Pharmacology and Therapeutics

ESPS manuscript NO: 20853

Title: Pharmacotherapy for the management of achalasia: Current status, challenges and future directions

Reviewer's code: 03026970

Reviewer's country: China

Science editor: Xue-Mei Gong

Date sent for review: 2015-06-26 17:18

Date reviewed: 2015-07-03 23:53

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		[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

Treatment of achalasia includes pharmacotherapy, endoscopic treatment and surgery. Although the long-term efficacy of pharmacotherapy is unsatisfactory, it plays an important role in the treatment of achalasia, especially when the patient is intolerable of endoscopic treatment or surgery. The author reviewed currently pharmacological options available for achalasia with a detailed review on Botulinum toxin injection (from its history, mechanism to the future direction), which helps the doctor understand the role of pharmacotherapy in the treatment of achalasia. However, several questions regarding the manuscript should be addressed. 1. In this review, the authors made a detailed review about botulinum toxin, it will be better if they could provide comparison of botulinum toxin with other treatment modalities such as endoscopic dilation, peroral endoscopic myotomy and Heller myotomy. Because this may help readers to make decision about which method would be more suitable for an individual patient. 2. It would be better if the authors could provide the indication of pharmacotherapy or botulinum toxin, as "For these reasons, BT injection is not considered a first line therapy except in certain high risk patient populations, such as elderly patients and patients with



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extensive co-morbidities, or for salvage therapy” is not a clear criteria. 3. I could not agree with you on the sentence “Despite this, a recent analysis [41] of practice patterns in the United States has shown that BT injection was the most frequently used initial endoscopic therapy” in Current role in treatment and “BT injection into the LES is the most commonly used initial therapy in patients with achalasia. ” in the conclusion part for the next four reasons: ① As far as we know and as you said “BT injection is not considered a first line therapy except in certain high risk patient populations”, we do not think BT injection is the most commonly used initial therapy in achalasia; ② The treatment of achalasia changed to some extent during the past four year, and the reference 41 was published in 2011 and the data analyzed was during 2000-2008, so it may not well reflect the current situation; ③ In my opinion, the most commonly used initial therapy in patients with achalasia should be dilation with 51% (balloon dilation in 21%, Savary dilation in 20%, Maloney dilation in 10%) in reference 41; ④ The reference 41 was not an international database, and it was only about the information in USA.

4. There are a few English grammatical and/or spelling mistakes.



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		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		[Y] No	

COMMENTS TO AUTHORS

Nassri and Ramzan present a review on pharmacologic therapy for achalasia. The manuscript is well written and very interesting. Surprisingly, a very sober-minded and unbiased comparison of different therapies is provided. My only comment is the shortness of the abstract that does not show any conclusion and does not call attention for potential readers.