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ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 18891

Title: Endoscopic Ultrasound Guided Drainage of Pancreatic Fluid Collections

Reviewer's code: 00068723

Reviewer's country: Japan

Science editor: Ya-Juan Ma

Date sent for review: 2015-05-06 10:18

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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 checked="" 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 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

Management of complications of acute pancreatitis is challenging. This review illustrated the whole picture of endoscopical treatment of complications of acute pancreatitis. Pros and cons of each approach were presented. Limitations of endoscopical treatment and indications of surgical treatments were clear and useful. The proposed algorithm was interesting and useful.

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 18891

Title: Endoscopic Ultrasound Guided Drainage of Pancreatic Fluid Collections

Reviewer's code: 00004764

Reviewer's country: United States

Science editor: Ya-Juan Ma

Date sent for review: 2015-05-06 10:18

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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

This is an extensive review regarding the use of EUS for drainage of PCFs. Your review is extensive, well written and generally comprehensive. Major Comments The issue that always arises when discussing this topic is the type of collection - that is, WON vs pseudocyst. You have generally done a good job in trying to separate those but perhaps this can be even further improved. The audience clearly needs to know the distinction between WON and pseudocysts and perhaps that can be better defined up front in your manuscript with radiological criteria. As we know every fluid collection is not a pseudocyst and is more likely potential necrosis which as you rightly point out in your proposal for a new classification, a key to success. Specific Comments 1. While you state on Page 4 that asymptomatic collections regardless of size should not be drained, we know that most very large collections will require drainage regardless. 2. Page 6 - a major issue is not necessarily whether one should drain a cyst via transpapillary drainage, but an additional issue which I would like you to address is whether in these patients one needs to perform pancreatography. Specifically, if one just drains a large collection can one leave the stents in indefinitely. This is another area which you should mention. Specifically, once you remove the stents should you remove them in



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everybody after radiographic resolution? Does it depend on pancreatography? 3. Page 6 - you mention the term low evidence. You may be specifically meaning minimal data. Low evidence might suggest the evidence or quality of the data. 4. Page 8, line 7 - "Three" has been misspelled. 5. As I was discussing earlier, perhaps a radiologic definition of WON would be appropriate for the readers. 6. It should be significantly stressed the risk for infecting WON by inadequate drainage. 7. Page 12 - as mentioned above, perhaps really trying to delineate perhaps for each section that you are dealing with pseudocyst vs WON would be important here. For example, on page 12 you have a paragraph on WON and also a paragraph on pseudocyst. We know that the drainage for each of these should be different. Maybe subsections would be helpful. 8. The Axios stent likely will be of benefit but more study is needed. Do you ever see a role for multiple metal stents? 9. Page 17 - you do mention secondary infection which I mentioned earlier. That should be something significantly stressed. 10. Page 17 - the section on Surgery should be when to? consider surgery. You summarize the literature but perhaps a paragraph on your recommendations of when to consider surgery would be useful. 11. Page 19 - as noted previously it would be very important for the audience to know what radiological techniques are best to identify WON such that it is not missed. Some studies suggest that MR may be superior to CT. 12. Figure 5 - I would delete "ready for drainage".