



**ESPS PEER REVIEW REPORT**

**Name of journal:** World Journal of Gastroenterology

**ESPS manuscript NO:** 14179

**Title:** Economic and Medical Benefits of Ultrasound Screenings for Gallstone Disease

**Reviewer code:** 00761276

**Science editor:** Su-Xin Gou

**Date sent for review:** 2014-09-25 09:50

**Date reviewed:** 2014-10-17 21:06

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	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"/> Existing	<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"/> No records	<input checked="" type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	BPG Search:	<input type="checkbox"/> Minor revision
<input checked="" type="checkbox"/> Grade E: Poor		<input type="checkbox"/> Existing	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

**COMMENTS TO AUTHORS**

This manuscript by Shen et al purports to show that there are economic and medical benefits from ultrasound screening for gallstones. Using a Markov Decision model they calculated QALY gained by different screening regimens. They said their previous study showed that: ‘screening for GSD reduced the necessity of cholecystectomies’. I do not understand how screening for gallstones can reduce the necessity for cholecystectomy. The WJGNET kindly provided me with a copy of this paper from Asia Life Sciences 2013, which provided interesting data for the rate of development of gallstones and their transition from single stones to multiple stones to cholecystectomy. The authors then made the strange statement that ‘screening..... have the effect of reducing cholecystectomy’ then concluded, without providing any evidence or reasons, that ‘screening for GSD is worthwhile and annual screening should be recommended’. In the present manuscript the authors calculated a ‘series of utility scores’ by asking an unknown number of ‘participants’ how much of their life they are willing to sacrifice to restore their health status to perfect health. The present health status of these patients is not described. Since most gallstones are asymptomatic, I would imagine most of the patients are already in perfect health. They came up with a table listing the ‘cost per life-year gained’ even though I do not see how screening for gallstones can possibly result in any gain in lifespan. It is unclear how these numbers are worked out. Screening for a disease is only worthwhile, as the authors mention in their introduction, ‘If the early treatment of GSD was known to reduce the incidence of the disease or slow its progression and reduce the need for cholecystectomy,’ but



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unfortunately this is not the case. There is no known way of slowing the progression of gallstone disease or reducing the need for cholecystectomy. Perhaps the authors feel that cholecystectomy in asymptomatic gallstones is beneficial compared to cholecystectomy in complicated gallstone disease. This may be so in an individual case but has certainly not been proven and many unnecessary cholecystectomies would have to be undertaken. I am afraid this manuscript does not make any sense.



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## ESPS PEER REVIEW REPORT

**Name of journal:** World Journal of Gastroenterology

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<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
<input checked="" type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> Existing	<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"/> No records	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	BPG Search:	<input checked="" type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input type="checkbox"/> Existing	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

### COMMENTS TO AUTHORS

Minor corrections required which are written as Remarks in the Manuscript file.



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## ESPS PEER REVIEW REPORT

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CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	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"/> Existing	<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"/> No records	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	BPG Search:	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input type="checkbox"/> Existing	<input checked="" type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

### COMMENTS TO AUTHORS

Minor language corrections. Laparoscopic cholecystectomy isn't performed for routine for stone/s(only polyp > 1 cm). You are confused about cholecystectomy (you recommend only in cases with multiple stones): exist cholecystitis who required cholecystectomy with one stone or no stone. The methods are too long and the results: see you table 1,2, 3. In my opinion the results should be more detailed.