

Reviewer #1:

Scientific Quality: Grade C (Good)

Language Quality: Grade B (Minor language polishing)

Conclusion: Accept (General priority)

[I thank the Reviewer for the kind comments.](#)

Specific Comments to Authors:

The editorial authored by Meer M Chisthi in the World Journal of Gastrointestinal Surgery sheds light on the efficacy and safety of electrocautery-enhanced lumen-apposing metal stents (ECE-LAMS) in endoscopic ultrasound-guided biliary drainage (EUS-BD) for palliating malignant biliary obstruction. The analysis centers around a meta-analysis by Peng et al., which investigates the outcomes of ECE-LAMS in 620 participants across 14 studies. Key Findings: The meta-analysis showcases a robust technical success rate of 96.7%, indicating the effectiveness of ECE-LAMS, particularly in challenging cases post-failed ERCP. A clinical success rate of 91.0% emphasizes symptom relief, while the adverse event rate of 17.5% and re-intervention rate of 7.3% highlight considerations for post-procedural monitoring. Subgroup analyses confirm consistent outcomes, enhancing the generalizability of ECE-LAMS. Implications: The positive results of ECE-LAMS warrant further exploration into long-term effectiveness, patient selection criteria, and procedural refinements. Clinicians are encouraged to stay informed and actively engage in discussions regarding the integration of ECE-LAMS into clinical practice. Larger prospective studies are needed to validate these findings and explore ECE-LAMS in primary interventions or "bridge to surgery" approaches. Conclusion: The editorial concludes that ECE-LAMS demonstrates promise as a modality for palliating malignant biliary obstruction, offering effectiveness and safety when ERCP is unfeasible. It suggests recognizing ECE-LAMS as a standard element in managing such cases and advocates for further research to enhance practical applications and improve patient outcomes.

Editorial Office's comments. Authors must revise the manuscript according to the Editorial Office's comments and suggestions, which are provided below:

(1) Science Editor:

1 Scientific quality: The authors submitted an editorial of unveiling the potential of electrocautery-enhanced lumen-apposing metal stents in endoscopic ultrasound-guided biliary drainage.

(1) Classification: Grade C;

(2) Summary of the Peer-Review Report: The positive results of ECE-LAMS warrant further exploration into long-term effectiveness, patient selection criteria, and procedural refinements. Clinicians are encouraged to stay informed and actively engage in discussions regarding the integration of ECE-LAMS into clinical practice. Larger prospective studies are needed to validate these findings and explore ECE-LAMS in primary interventions or "bridge to surgery" approaches. The editorial concludes that ECE-LAMS demonstrates promise as a modality for palliating malignant biliary obstruction, offering effectiveness and safety when ERCP is unfeasible. It suggests recognizing ECE-LAMS as a standard element in managing such cases and advocates for further research to enhance practical applications and improve patient outcomes;

(3) References recommendations: The reviewer didn't request the authors to cite improper references published by him/herself.

(4) Manuscript Type: After verification, the manuscript type is "Editorial".

2 Specific comments

- (1) Country/Territory of origin: Please verify if the "Country/Territory of origin: India" submitted by the system is correct?

Yes. It is.

- (2) The language classification is Grade B. Please visit the following website for the professional English language editing companies that we recommend:
<https://www.wjgnet.com/bpg/gerinfo/240>.

The language has been edited and certificate has been included.

- (3) Running Title: A short running title of no more than 6 words should be provided. Abbreviations are permitted. For example, Losurdo G et al. Two-year follow-up of HCC.

The running title has been edited.

- (4) Please add the Author contributions: The 'Author contributions' passage describes the specific contribution(s) made by each author. The author's names will be listed in the following format: full family (sur)name, followed by abbreviated first and middle names. For example, Bryan L Copple should be revised as Copple BL. A full multi-author example is: Wang CL, Liang L, Fu JF, Zou CC, Hong F and Wu XM designed the research study; Wang CL, Zou CC, Hong F and Wu XM performed the research; Xue JZ and Lu JR contributed new reagents and analytic tools; Wang CL, Liang L and Fu JF analyzed the data and wrote the manuscript; All authors have read and approved the final manuscript.

The Author contributions has been included.

- (5) The "Key Words" does not meet the requirements: The 'Key words' list will provide 5-10 keywords that reflect the main content of the study. Please do not use abbreviations for the keywords (e.g., Ulcerative colitis, not UC). The first letter of each keyword will be capitalized, and each keyword will be separated by a semicolon, with no terminal period. An example of correct formatting is: Non-alcoholic fatty liver disease; Alcoholic liver disease; Non-alcoholic steatohepatitis; Insulin resistance; Oxidative stress.

The Key Words have been modified.

- (6) Reference numbers in the main text. The reference does not require superscripts, please modify it. The correct format is "the spleen hilum[3]".

The Reference numbers have been modified.

- (7) References. To ensure the accuracy of the references, please use "Edit References by Auto-Analyser" (<https://www.f6publishing.com/Forms/main/ArticleReferenceTool.aspx>) to edit the references of the manuscript.

References have been edited by Auto-Analyser.

- (8) The WJGS article which this editorial discussed has been listed in the references list (Ref. 10). Please quote in the correct format <Peng ZX, Chen FF, Tang W, Zeng X, Du HJ, Pi RX, Liu HM, Lu XX. Endoscopic-ultrasound-guided biliary drainage with placement of electrocautery-enhanced lumen-apposing metal stent for palliation of malignant biliary obstruction:

Updated meta-analysis. World J Gastrointest Surg 2024; 16: 907-920 [PMID: 38577086 DOI: 10.4240/wjgs.v16.i3.907]>

[The reference has been modified.](#)

3 Recommendation: Conditional acceptance.

Language Quality: Grade B (Minor language polishing)

Scientific Quality: Grade C (Good)

[Thanks for the Comments.](#)

(2) Company Editor-in-Chief:

I have reviewed the Peer-Review Report, full text of the manuscript, all of which have met the basic publishing requirements of the World Journal of Gastrointestinal Surgery and the manuscript is conditionally accepted. I have sent the manuscript to the author(s) for its revision according to the Peer-Review Report, Editorial Office's comments and the Criteria for Manuscript Revision by Authors. The author(s) must submit the revised manuscript online through the Intelligent Manuscript Form Editor in F6Publishing system.

[Thanks for the Comments. The manuscript has been edited.](#)