Name of journal: World Journal of Gastroenterology

Manuscript NO: 85377

Title: Clinical approach to indeterminate biliary strictures: Clinical presentation, diagnosis, and workup

Provenance and peer review: Invited manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer’s code: 04093777

Position: Peer Reviewer

Academic degree: MBBS, MSc, PhD

Professional title: Assistant Professor

Reviewer’s Country/Territory: Egypt

Author’s Country/Territory: United States

Manuscript submission date: 2023-04-25

Reviewer chosen by: Geng-Long Liu

Reviewer accepted review: 2023-06-03 19:56

Reviewer performed review: 2023-06-16 20:00

Review time: 13 Days

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<td>Scientific significance of the conclusion in this manuscript</td>
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<td>Conflicts-of-Interest</td>
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**SPECIFIC COMMENTS TO AUTHORS**

Many thanks for your great effort
PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology
Manuscript NO: 85377
Title: Clinical approach to indeterminate biliary strictures: Clinical presentation, diagnosis, and workup
Provenance and peer review: Invited manuscript; Externally peer reviewed
Peer-review model: Single blind
Reviewer’s code: 03738365
Position: Peer Reviewer
Academic degree: MD
Professional title: Doctor
Reviewer’s Country/Territory: China
Author’s Country/Territory: United States
Manuscript submission date: 2023-04-25
Reviewer chosen by: Geng-Long Liu
Reviewer accepted review: 2023-06-22 00:01
Reviewer performed review: 2023-07-02 16:04
Review time: 10 Days and 16 Hours

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Scientific significance of the conclusion in this manuscript | Grade A: Excellent | Grade B: Good | Grade C: Fair | Grade D: No scientific significance
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Language quality | Grade A: Priority publishing | Grade B: Minor language polishing | Grade C: A great deal of language polishing | Grade D: Rejection
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Conclusion | Accept (High priority) | Accept (General priority) | Minor revision | Major revision | Rejection
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Re-review | Yes | No
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Peer-reviewer statements
- Peer-Review: Anonymous
- Conflicts-of-Interest: Yes
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SPECIFIC COMMENTS TO AUTHORS
1. CA199 can be significantly increased in biliary tract infection and chronic inflammation, and diabetes may also cause CA199 to increase. The author should review the contents related to the increase of CA199 in benign conditions. From a more focus perspective, the key points of this article are the imaging/endoscopic techniques and biopsy methods and characteristic of biliary strictures. Serum markers play a very limited role in judging the benign/malignant character, extent, and stage of lesions. I suggest that the content of the serum markers can be removed from the article. 2. To some extent, FISH and Flow cytometry could be considered as part of the content of pathological evaluation methods after brush cytology and intraductal biopsies and should not be listed as a separate item. It should be integrated with related routine methods of pathological detection under the same category. Similar to the aforementioned opinions, the key points of this article should be the imaging/endoscopic techniques and biopsy methods and characteristic of biliary strictures. The pathological detection methods of biopsy tissues are not the focus of this article. I suggest that this part can be deleted. 3. For the various endoscopic (such as EUS,
IDUS, Cholangioscopy, CLE, et al) and biopsy (such as biliary brush cytology and intraductal biopsies, wire guided endo-biliary forceps, free hand biopsies, endoscopic scrapers, FNA/FNB et al) methods that were described in the article, it is recommended that the author provide physical pictures and schematic drawing for readers to understand more conveniently and intuitively.
Name of journal: World Journal of Gastroenterology

Manuscript NO: 85377

Title: Clinical approach to indeterminate biliary strictures: Clinical presentation, diagnosis, and workup

Provenance and peer review: Invited manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer’s code: 00909230

Position: Editorial Board

Academic degree: MD, PhD

Professional title: Professor

Reviewer’s Country/Territory: South Korea

Author’s Country/Territory: United States

Manuscript submission date: 2023-04-25

Reviewer chosen by: AI Technique

Reviewer accepted review: 2023-05-09 04:10

Reviewer performed review: 2023-07-09 09:17

Review time: 61 Days and 5 Hours

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SPECIFIC COMMENTS TO AUTHORS
This review article well summarizes the clinical approach, including clinical features, diagnosis, and work-up algorithms for indeterminate biliary strictures. Although it provides very well-organized research data for interested researchers in this field, the following corrections have emerged. Treatment of benign strictures typically involves medical and endoscopic therapy, with only a few patients. Under Confocal laser endomicroscopy (CLE) One limitation is that CLE requires specialized equipment. Under Investigational and less widely used techniques: Chromoendoscopy, narrow band imaging, autofluorescence and Optical Coherence Tomography (OCT) This technique is not widely used. OUR APPROACH TO MANAGEMENT OF INDETERMINATE BILIARY STRICTURES → Our approach to management of indeterminate biliary strictures. Under Our approach to management of indeterminate biliary strictures caution should be exercised before perming biopsies of biliary or hilar lesions. → caution should be exercised before
performing biopsies of biliary or hilar lesions.