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PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

Manuscript NO: 34586

Title: Predictive factors for the failure of endoscopic stent-in-stent self-expandable metallic stent placement to treat malignant hilar biliary obstruction

Reviewer's code: 00047664

Reviewer's country: Japan

Science editor: Ya-Juan Ma

Date sent for review: 2017-06-03

Date reviewed: 2017-06-13

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 interesting retrospective study attempting to identify predictive factors for unsuccessful deployment of a second stent when placement of multiple metal stents (MS) was attempted in the stent-in-stent manner for unresectable malignant perihilar biliary obstruction. The authors evaluated many factors, including etiology, findings of cholangiography, and procedural factors, and concluded that the duller (larger) angle between the first deployed stent and the target duct for next placement was the important factor. This is a very interesting issue and your conclusion seems informative. I found some minor problems. Please consider the following comments and suggestions for appropriate revision: 1. I cannot understand the meaning of "the first retained SEMS." Please consider changing or deleting the word "retained." 2. Please describe utilized guidewires in the Methods part. 3. Please describe profiles of endoscopists(s) in the Methods part. 4. In the Results part, were "49.3" and "75.0" average numbers in each group? I recommend changing them to the median values with the ranges or the 95%



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confidence intervals. As the cut-off value of 49.7 degrees indicated by ROC curve evaluation was close to 49.3 degrees of the mean value in the success group, the samples must be normally distributed. 5. Please consider describing details of device usage. Readers would probably like to know the number of patients in whom a catheter or a dilation device could be inserted after failed insertion of a guidewire. Additionally, could you describe, if possible, the reasons why other types of dilators were not attempted, the reasons why a balloon catheter was not used in 10 patients for cell dilation of the first stent and in 12 patients for lumen dilation in the failure group, the number of patients in whom insertion of just one device was attempted? Additionally, could you comment about the reasons why another device was not used after failure of insertion of one device? 6. Why does not each total number in line "Diameter of wire (0.025/0.035)" in Table 2 reach 49 and 13? 7. Please consider describing the rate of clinically effective cases of each group? Readers would like to know whether or not failed placement of the second stent was related to clinical outcomes. 8. Please consider discussing how to increase the success rate of stent-in-stent deployment of metal stents in patients with duller degrees between two target ducts in the Discussion part. Would it be required to improve devices (guidewires, dilators, or metal stents), to establish appropriate strategy, or to stratify patients?