



PEER-REVIEW REPORT

Name of journal: *World Journal of Gastroenterology*

Manuscript NO: 101163

Title: Short-term efficacy of early percutaneous cholecystostomy for pancreatitis and factors associated with recurrence and mortality

Provenance and peer review: Unsolicited manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 07034834

Position: Peer Reviewer

Academic degree: N/A

Professional title: N/A

Reviewer's Country/Territory: Portugal

Author's Country/Territory: China

Manuscript submission date: 2024-09-05

Reviewer chosen by: Hong-Xin Jiang

Reviewer accepted review: 2024-10-09 09:40

Reviewer performed review: 2024-10-11 15:33

Review time: 2 Days and 5 Hours

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Novelty of this manuscript	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No novelty
Creativity or innovation of this manuscript	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No creativity or innovation



Scientific significance of the conclusion in this manuscript	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No scientific significance
Language quality	<input checked="" type="checkbox"/> Grade A: Priority publishing <input type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
Conclusion	<input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input checked="" type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
Re-review	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Peer-reviewer statements	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous
	Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS

The authors present the results of a retrospective study based on the electronic medical records of patients who were treated conservatively or who received PC for early treatment of acute biliary pancreatitis (ABP) during their hospitalization (between January 2017 and July 2022) at the People's Hospital of Liaoning Province. The authors investigate possible associations and causal relationships between the variables under analysis and conclude that PC is safe and effective, rapidly reduces infection, improves liver function through biliopancreatic shunts and can be an important method for treating PCSBM in patients in the initial period after hospitalization; age is a protective factor against recurrence of acute biliary pancreatitis, i.e. younger age increases the risk of recurrence after CP; a high CCI before CP is significantly associated with mortality. The authors present a very careful, well-founded, coherent and complete study, which is a strong point of this work. title reflect the main subject of the manuscript. The abstract summarizes and reflect the work described in the manuscript. The key words reflect the focus of the manuscript, The theme is well founded through a brief but consistent literature review. The objectives are correctly defined. The methodology is well-designed



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and is consistent with the objectives of the study. The discussion of results is clear, objective, and consistent. The conclusions summarize well the results obtained and are consistent with the work presented. However, here are some notes that authors should consider: Replace “Variable” with “Variable” in the first line of both tables. The results presented in Table 5 are confusing. The “Single factor analysis” column shows the p-value for the search for an association between the various variables under analysis and the group in question (nonrecurrent and recurrent groups). The “Multi-factor analysis” column shows the p-value and respective confidence interval for the odds ratio for the Age variable only. The other variables were not considered in the Logistic Regression? The same considerations apply to Table 6, which shows the OR for the ICC variable only. In a multivariate statistical model, it is important to present all the information. The p-value resulting from the ROC Curve analysis should be presented Standardize the use of Figure and Fig. in figure legends.



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Title: Short-term efficacy of early percutaneous cholecystostomy for pancreatitis and factors associated with recurrence and mortality

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Peer-review model: Single blind

Reviewer's code: 08040211

Position: Peer Reviewer

Academic degree: Associate Professor, MD

Professional title: N/A

Reviewer's Country/Territory: Chile

Author's Country/Territory: China

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Reviewer chosen by: Shang Wu

Reviewer accepted review: 2024-10-23 23:57

Reviewer performed review: 2024-10-24 00:40

Review time: 1 Hour

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
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Peer-reviewer statements	Peer-Review: <input type="checkbox"/> Anonymous <input checked="" type="checkbox"/> Onymous
	Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS

Yan et al present the manuscript titled: Recent efficacy of early PC for pancreatitis and factors associated with recurrence and mortality. First of all, I commend the authors for investigating a very interesting topic. This manuscript investigates the role of percutaneous cholecystostomy (PC) in managing patients with moderate-to-severe acute biliary pancreatitis (MSABP), focusing on efficacy, recurrence, and mortality predictors. The study addresses an important clinical question, particularly in high-risk patient populations. The methodology is sound, with clear inclusion criteria, and the discussion adequately covers the clinical relevance of the findings. However, there are areas where the manuscript could benefit from refinement, particularly in clarity of presentation and deeper engagement with the current literature. The manuscript addresses a clinically relevant topic—PC for MSABP—offering insights into both short-term and long-term outcomes (efficacy, recurrence, and mortality). The use of PC as an alternative to cholecystectomy in high-risk patients is well-justified given the patient profile. The application of the Charlson Comorbidity Index (CCI) as a predictor of mortality offers an innovative aspect, as this index is less frequently explored in this patient population. The



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novelty could be further enhanced by deeper engagement with the latest studies (last 5 years) on PC's role in the setting of ABP. The manuscript relies on older sources, and a more critical evaluation of recent guidelines or studies is warranted. The focus on PC as a temporary measure should be more strongly emphasized. What implications does this have for long-term management of these patients, particularly regarding the timing of elective cholecystectomy or ERCP? 3. Methods: The inclusion of a multifactorial analysis for recurrence and mortality is commendable. The comparison between PC and conservative treatment offers valuable insights into relative efficacy. Details about the retrospective data collection need to be expanded. What were the inclusion criteria, how were patients selected for PC, and was there any selection bias due to institutional practice patterns? A clearer description of the decision-making process for early PC vs. conservative treatment would help address potential confounding factors. No information is provided on the institutional experience with PC. How might operator skill have affected outcomes? Were procedures performed by specialists in interventional radiology or general surgery? 4. Results: The results are presented clearly, with appropriate emphasis on the significant reduction in inflammation and improved liver function post-PC. As suggestion, the use of Kaplan-Meier survival curves to demonstrate recurrence-free survival and overall survival would make the data more impactful and easy to interpret. 5. Discussion: The discussion is thorough and well-organized. The comparison of the findings to previous studies helps situate the results in the context of current knowledge. Discuss how institutional practice might have influenced the choice between PC and conservative treatment, and what impact this might have on the generalizability of the results. The role of PC as a bridge to definitive surgery (i.e., delayed cholecystectomy or ERCP) should be emphasized. Does the study recommend this approach for high-risk patients? 6. Conclusions: Strengths: The conclusion appropriately highlights the key findings of the study. In summary, the



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study addresses an important question in the management of high-risk pancreatitis patients, but the manuscript requires revisions to strengthen the methodological clarity and update the discussion with recent literature. The inclusion of survival data and updated references would enhance the impact of the paper. For acceptance after major revision.



RE-REVIEW REPORT OF REVISED MANUSCRIPT

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Position: Peer Reviewer

Academic degree: Associate Professor, MD

Professional title: N/A

Reviewer's Country/Territory: Chile

Author's Country/Territory: China

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Reviewer performed review: 2024-11-18 18:35

Review time: 1 Hour

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
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Peer-reviewer statements	Peer-Review: <input type="checkbox"/> Anonymous <input checked="" type="checkbox"/> Onymous Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS

Thank you for addressing the reviewers suggestions. For acceptance.