Reviewer's report

Title: Sequential algorithm analysis to facilitate selective biliary access for difficult biliary cannulation in ERCP: a prospective clinical study

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Reviewer: Gernot Sellge

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The paper reports on a prospective case series of ERCPs using a sequential protocol in situations with difficult biliary cannulation (DBC). The authors describe an algorithm consisting of double guidewire cannulation followed by precut after placement of a pancreatic stent in patients with unintentional pancreatic duct cannulation and early precut fistulotomy in patients with DBC for other reasons. DBC criteria were relatively strict (e.g. cannulation time > 5min) compared to other studies. The procedure performed by a single experienced endoscopist lead to successful cannulation in 136/140 patients and was overall save.

Although the study design did not compare different strategies, the case series describes a safe and feasible step by step algorithm for DBC. The patient numbers are sufficient, and the procedures and criteria are clearly described and seem to be well controlled. The study may help other endoscopists in choosing the right strategy in DBC situations and is in my opinion suitable for publication in BMC Gastroenterology.

Minor points:
1. Abbreviations are not always defined at the first appearance in the text (e.g. CBD page 4 or PD page 6)
2. Although the authors clearly state that complications were classified and graded according the consensus guidelines, it might be helpful for the reader if the criteria for mild, moderate and severe pancreatitis would be shortly described.

Level of interest: An article of importance in its field

Quality of written English: Acceptable

Statistical review: No, the manuscript does not need to be seen by a statistician.

Declaration of competing interests:

I declare that I have no competing interests