Reviewer’s report

Title: Histologic assessment of biliary obstruction with different percutaneous endoluminal techniques

Version: 2  Date: 2 December 2003

Reviewer: Glen A Lehman

Reviewer’s report:

General

Major Points:
1. The English grammar in this has many errors and would need to be tuned up.
2. The setting for the study needs to be better clarified. Were these cases with failed ERCP? Did these cases have failed percutaneous biopsies? Why were these patients sent to percutaneous drainage, when in our hospital nearly all of these would be managed endoscopically?
3. Specimens here are called positive or negative without any discussion about atypia, dysplasia, probable malignancy, definite malignancy, etc. etc. Please give the grading scale for judgement of malignancy.
4. Please state whether the pathologists were blinded as to corresponding results, i.e. were histologists blinded from cytology results, etc. etc.
5. Most series of malignant obstructive jaundice in European and American series are more than 50% pancreatic ca. Why is this series so weighted toward cholangiocarcinoma?
6. At the bottom of page 5 it is stated that tissue sampling occurred 3-5 days after placement of a biliary drain. I assume this means translesional passage with terminal catheter placement in the duodenum. Please confirm this and indicate therefore that all specimens were obtained after initial dilation of the stricture. This is a key point, as dilation has been shown in some series to increase diagnostic yield.
7. Please give the precise model number for the Boston Scientific brush used. That brush is described as being 5 mm. Please describe whether that is the diameter, the length, etc.
8. At one point it is stated that no percutaneous seeding was seen in any patient. Unless an autopsy was done and the hepatic tract for the percutaneous drain is observed seeding cannot be definitively ruled out. Please soften your prior statement.
9. Final diagnosis includes 31 cholangiocarcinomas, 6 adenocarcinomas, 5 metastatic adenocarcinomas, 13 pancreatic carcinomas and 1 malignant endocrine tumor. Please clarify what additional category the adenocarcinomas belong in. Were these probably cholangiocarcinomas, or why were they separated? Additionally, 3 biliary cirrhosis patients were biopsied. Is this primary or secondary biliary cirrhosis?
10. 4/33 brushings were considered poorly cellular and were therefore eliminated. This seems inappropriate, as the true yield includes all patients sampled.
11. Page 15, in the middle of the page states that FNA cannot be performed without lesion targeting. This is of course true, although one need not have a mass, rather one can biopsy the wall of a narrowing. Please soften the statement.
12. Page 16, the discussion about malignancy in liver transplant is obvious and could be omitted.
13. Page 16, in the middle of the page, states that surrounding the bile ducts are continuously exfoliated into the bile duct and are available for cytologic examination. This of course is true only for lesions which break through the mucosa. Please soften that statement in reference to lesions which truly surround the duct and do not invade the mucosa.
14. Page 17, line 7 states that most biliary tumors are intramural and cause an annular constriction without complete transmucosal infiltration. Please provide evidence for this, or change that statement.
15. Page 17, line 14 states that cytologic diagnosis for cholangiocarcinoma has low sensitivity and a bunch of references are given. At endoscopic sampling cholangiocarcinoma has the highest sensitivity. Please clarify.

16. Page 18, line 10 states that the majority of the patients undergo percutaneous biliary drainage in the early phases of a clinical work up. This is highly institutional dependent and in our institution almost none of these patients undergo percutaneous biliary drainage. Therefore that statement needs to be softened.

17. The references are relatively old, which are more than 10 years old. These should be eliminated and replaced with newer references. Please add the newer references from Gastrointestinal Endoscopy and Endoscopy, as they reflect probably the most commonly used techniques, especially the ERCP ones.

Table 2 gives only the true positives. Please give the true positives as a fraction over the number of patients sampled, similarly for Table 3 and Table 4.

18. The term "Balloon brushing" seems inappropriate since no brushing was done. This could probably be considered as balloon surface sampling.

Discretionary Revisions (which the author can choose to ignore)

Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)

Major Compulsory Revisions (that the author must respond to before a decision on publication can be reached)

**What next?:** Unable to decide on acceptance or rejection until the authors have responded to the major compulsory revisions

**Level of interest:** An article whose findings are important to those with closely related research interests

**Quality of written English:** Not suitable for publication unless extensively edited

**Statistical review:** No

**Declaration of competing interests:**

None