

PEER-REVIEW REPORT

Name of journal: World Journal of Gastrointestinal Surgery

Manuscript NO: 41230

Title: Current role of palliative interventions in advanced pancreatic cancer

Reviewer's code: 02462725

Reviewer's country: Japan

Science editor: Fang-Fang Ji

Date sent for review: 2018-07-31

Date reviewed: 2018-07-31

Review time: 2 Hours

SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION	PEER-REVIEWER STATEMENTS
<input type="checkbox"/> Grade A: Excellent	<input checked="" type="checkbox"/> Grade A: Priority publishing	<input type="checkbox"/> Accept	Peer-Review:
<input type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language	(High priority)	<input checked="" type="checkbox"/> Anonymous
<input checked="" type="checkbox"/> Grade C: Good	polishing	<input type="checkbox"/> Accept	<input type="checkbox"/> Onymous
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of	(General priority)	Peer-reviewer's expertise on the
<input type="checkbox"/> Grade E: Do not	language polishing	<input checked="" type="checkbox"/> Minor revision	topic of the manuscript:
publish	<input type="checkbox"/> Grade D: Rejection	<input type="checkbox"/> Major revision	<input type="checkbox"/> Advanced
		<input type="checkbox"/> Rejection	<input checked="" type="checkbox"/> General
			<input type="checkbox"/> No expertise
			Conflicts-of-Interest:
			<input type="checkbox"/> Yes
			<input checked="" type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS

This is a review for palliative treatment for patients with unresectable pancreas cancer. Because the paper focused on palliative treatment comprehensively, and was not limited to the area of surgery. So, the title should be modified as that reflects comprehensive palliative treatment for pancreas cancer. The first part of this paper regarding general



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information of palliative care is not necessary. That should be shortened.

INITIAL REVIEW OF THE MANUSCRIPT

Google Search:

- ☐ The same title
- ☐ Duplicate publication
- ☐ Plagiarism
- ☐ [Y] No

BPG Search:

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PEER-REVIEW REPORT

Name of journal: World Journal of Gastrointestinal Surgery

Manuscript NO: 41230

Title: Current role of palliative interventions in advanced pancreatic cancer

Reviewer's code: 02728137

Reviewer's country: Georgia

Science editor: Fang-Fang Ji

Date sent for review: 2018-07-31

Date reviewed: 2018-08-01

Review time: 1 Day

SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION	PEER-REVIEWER STATEMENTS
<input type="checkbox"/> Grade A: Excellent	<input checked="" type="checkbox"/> Grade A: Priority publishing	<input type="checkbox"/> Accept	Peer-Review:
<input type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language	(High priority)	<input type="checkbox"/> Anonymous
<input type="checkbox"/> Grade C: Good	polishing	<input type="checkbox"/> Accept	<input type="checkbox"/> Onymous
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of	(General priority)	Peer-reviewer's expertise on the
<input checked="" type="checkbox"/> Grade E: Do not	language polishing	<input type="checkbox"/> Minor revision	topic of the manuscript:
publish	<input type="checkbox"/> Grade D: Rejection	<input type="checkbox"/> Major revision	<input type="checkbox"/> Advanced
		<input checked="" type="checkbox"/> Rejection	<input checked="" type="checkbox"/> General
			<input type="checkbox"/> No expertise
			Conflicts-of-Interest:
			<input type="checkbox"/> Yes
			<input checked="" type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS

Dear Authors, this article is not a review article. This is like chapter of a book.

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- [Y] No

PEER-REVIEW REPORT

Name of journal: World Journal of Gastrointestinal Surgery

Manuscript NO: 41230

Title: Current role of palliative interventions in advanced pancreatic cancer

Reviewer's code: 03261990

Reviewer's country: China

Science editor: Fang-Fang Ji

Date sent for review: 2018-07-31

Date reviewed: 2018-08-13

Review time: 12 Days

SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION	PEER-REVIEWER STATEMENTS
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	<input type="checkbox"/> Accept	Peer-Review:
<input type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language	(High priority)	<input type="checkbox"/> Anonymous
<input type="checkbox"/> Grade C: Good	polishing	<input type="checkbox"/> Accept	<input type="checkbox"/> Onymous
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of	(General priority)	Peer-reviewer's expertise on the
<input type="checkbox"/> Grade E: Do not	language polishing	<input type="checkbox"/> Minor revision	topic of the manuscript:
publish	<input type="checkbox"/> Grade D: Rejection	<input type="checkbox"/> Major revision	<input type="checkbox"/> Advanced
		<input type="checkbox"/> Rejection	<input type="checkbox"/> General
			<input type="checkbox"/> No expertise
			Conflicts-of-Interest:
			<input type="checkbox"/> Yes
			<input type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS

I'm glad to read this review which included critical appraisal of historic studies and set forth its position on the current role of palliative surgery in advanced pancreatic cancer. Most pancreatic cancer patients at diagnosis are not candidates for curative resection. Surgical palliation, a procedure performed with the intention of relieving symptoms or



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improving quality of life, comes to the forefront of management. Palliative treatment of obstructive jaundice, duodenal obstruction and pain should be promptly addressed. Regardless of the palliative procedure, all physicians involved must be adequately trained in end of life management to ensure the best possible care for patients. I have some reservations about this issue. First, the meaning of surgical palliation for obstructive jaundice, duodenal obstruction and pain should be promptly addressed. More and more evidence showed that surgical bypasses for biliary obstructions usually achieved less success than the interventional therapy. Second, I'm wondering the describe of palliative care by detailed materials in the review, as I fail to get the score or some special development to pancreatic cancer in your papers. We cannot judge the clinical significance in the palliative treatment of advanced pancreatic cancer just by the review. Also I recommend that you give a final polish to your language expression to keep your view as concise as possible. Abbreviations should be used in the main text as they have been listed at above. Over all, your aforementioned review contains a lot of information. Readers with an interest in palliative surgical treatment will find this paper beneficial and informative. I really appreciate your great work and it's my great honor to read this paper.

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