



PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

Manuscript NO: 48303

Title: Is total laparoscopic pancreaticoduodenectomy superior to the open procedure? A meta-analysis

Reviewer's code: 03477516

Reviewer's country: Japan

Science editor: Jia-Ping Yan

Reviewer accepted review: 2019-05-24 22:06

Reviewer performed review: 2019-05-27 10:58

Review time: 2 Days and 12 Hours

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 Grade E: Do not publish | 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

SPECIFIC COMMENTS TO AUTHORS

Thank you for sending your manuscript. This manuscript was "Is total laparoscopic pancreaticoduodenectomy superior to the open procedure? A meta-analysis". This manuscript was very interesting and large meta-analysis. However I wonder you should



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revise some important parts of it. Major) 1, How were the background disease of TLPDs and OPDs? For example, pancreatic cancer and IPMN were difference for the complication and prognosis. So the background as pancreas texture, pancreatic duct size was important factor for some complications. You should reveal these differences. 2, In these two group, you should describe the number or ratio of benign and malignant tumor. These problems were influenced for operating time and prognosis. Please try to consider again. Thank you.

INITIAL REVIEW OF THE MANUSCRIPT

Google Search:

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- No

BPG Search:

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- Plagiarism
- No



PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

Manuscript NO: 48303

Title: Is total laparoscopic pancreaticoduodenectomy superior to the open procedure? A meta-analysis

Reviewer's code: 02484487

Reviewer's country: Saudi Arabia

Science editor: Jia-Ping Yan

Reviewer accepted review: 2019-05-24 07:29

Reviewer performed review: 2019-06-01 23:59

Review time: 8 Days and 16 Hours

| 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 checked="" type="checkbox"/> Grade B: Minor language polishing | (High priority) | <input checked="" type="checkbox"/> Anonymous |
| <input type="checkbox"/> Grade C: Good | | <input type="checkbox"/> Accept | <input type="checkbox"/> Onymous |
| <input checked="" type="checkbox"/> Grade D: Fair | <input type="checkbox"/> Grade C: A great deal of language polishing | (General priority) | Peer-reviewer's expertise on the topic of the manuscript: |
| <input type="checkbox"/> Grade E: Do not publish | <input type="checkbox"/> Grade D: Rejection | <input checked="" type="checkbox"/> Minor revision | <input type="checkbox"/> Advanced |
| | | <input type="checkbox"/> Major revision | <input checked="" type="checkbox"/> General |
| | | <input type="checkbox"/> Rejection | <input type="checkbox"/> No expertise |
| | | | Conflicts-of-Interest: |
| | | | <input type="checkbox"/> Yes |
| | | | <input checked="" type="checkbox"/> No |

SPECIFIC COMMENTS TO AUTHORS

Extensive work but the ratio of laproscopic v/s open is too large so need more laproscopic procedures to compare.



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PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

Manuscript NO: 48303

Title: Is total laparoscopic pancreaticoduodenectomy superior to the open procedure? A meta-analysis

Reviewer's code: 00077376

Reviewer's country: Japan

Science editor: Jia-Ping Yan

Reviewer accepted review: 2019-05-23 10:50

Reviewer performed review: 2019-06-03 02:20

Review time: 10 Days and 15 Hours

| 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 checked="" type="checkbox"/> Grade B: Very good | <input checked="" type="checkbox"/> Grade B: Minor language | (High priority) | <input checked="" type="checkbox"/> Anonymous |
| <input type="checkbox"/> Grade C: Good | polishing | <input checked="" 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 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 meta-analysis study has been performed very well. Obtained results are interesting.



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PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

Manuscript NO: 48303

Title: Is total laparoscopic pancreaticoduodenectomy superior to the open procedure? A meta-analysis

Reviewer's code: 00505584

Reviewer's country: France

Science editor: Jia-Ping Yan

Reviewer accepted review: 2019-06-03 12:48

Reviewer performed review: 2019-06-04 08:50

Review time: 20 Hours

| 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 checked="" type="checkbox"/> Grade B: Very good | <input checked="" type="checkbox"/> Grade B: Minor language | (High priority) | <input type="checkbox"/> Anonymous |
| <input type="checkbox"/> Grade C: Good | polishing | <input type="checkbox"/> Accept | <input checked="" 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 checked="" type="checkbox"/> Advanced |
| | | <input type="checkbox"/> Rejection | <input 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 meta-analysis comparing totally laparoscopic pancreatoduodenectomy to procedures done via an open approach. This is a well-written article, but there are some minor problems with the grammar and punctuation that need to be addressed. Also, the



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structure of the paper needs to be revised to make it easier for the reader to interpret the plethora of data. Lastly, the article is a bit repetitive and needs to be shortened. 1. Introduction Laparoscopic techniques have been widely applied in general surgeries and have been proved to be beneficial for some selected patients in terms of postoperative recovery and a shorter hospital stay(Huscher, Mingoli et al. 2005, Qiu, Wu et al. 2011). General surgeries should either be “general surgical procedures” or “general surgery.” This is a problem throughout the paper. 2. Statistical analysis Continuous variables in this analysis were evaluate with the inverse variance statistical method, and the weighted mean difference (WMD) was calculated. Is awkward, do you mean: “Continuous variables in this analysis were evaluateD with the inverse variance statistical method, and the weighted mean difference (WMD) was (also ?) calculated.” 3. Results Subsequently, we reviewed over the titles to identify literature that was not relevant to our topic, and these articles excluded from our study. Do you mean: “Subsequently, we reviewed the titles to identify literature that was not relevant to our topic, and these articles WERE excluded from our study.” With advancement in anastomosis, the incidence of bile leak has been decreased. Should be: “With advancements in anastomosis, the incidence of bile leak has decreased.” 4. In the section below, differences are expressed with Confidence intervals an dthen with percentages in the second paragraph. I believe percentages should be included in all variables studied. This will make analysis and reading of the paper easier. CI can also be included in the body of the paper if desired: A total of 1425 patients in thirteen studies(Asbun and Stauffer 2012, Hakeem, Verbeke et al. 2014, Dokmak, Fteriche et al. 2015, Tan, Zhang et al. 2015, Delitto, Luckhurst et al. 2016, Palanivelu, Senthilnathan et al. 2017, Stauffer, Coppola et al. 2017, Chen, Sun et al. 2018, Chopinet, Fuks et al. 2018, Khaled, Fatania et al. 2018, Lee, Kim et al. 2018, Meng, Cai et al. 2018, Zimmerman, Roye et al. 2018) developed PPH. Although Chopinet(Chopinet, Fuks et al. 2018) and



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Dokmak(Dokmak, Fteriche et al. 2015) found that the application of TLPD increased the incidence of PPH, our pooled analysis of all the included studies did not demonstrate any significant differences between the two groups (OR=1.12, 95% CI=0.89 ~ 1.42, P=0.34) (Fig. 10). Similarly, this analysis of included articles(Asbun and Stauffer 2012, Croome, Farnell et al. 2014, Tee, Croome et al. 2015, Palanivelu, Senthilnathan et al. 2017, Stauffer, Coppola et al. 2017, Meng, Cai et al. 2018, Poves, Burdio et al. 2018) did not show any statistically significant differences in terms of severe PPH (Grade B/C) (OR=1.02, 95% CI=0.65 ~ 1.60, P=0.95). A total of 762 patients in ten studies(Asbun and Stauffer 2012, Hakeem, Verbeke et al. 2014, Speicher, Nussbaum et al. 2014, Delitto, Luckhurst et al. 2016, Palanivelu, Senthilnathan et al. 2017, Stauffer, Coppola et al. 2017, Chapman, Gleisner et al. 2018, Chen, Sun et al. 2018, Lee, Kim et al. 2018, Zimmerman, Roye et al. 2018) developed wound infections in our study, and the overall incidence was 8.33% in the TLPD group and 10.11% in the OPD group. The results of our analysis showed that the frequency of wound infections in the TLPD group was significantly lower than that in the OPD group (OR=0.48, 95% CI=0.34 ~ 0.67, P<0.0001) (Fig. 11). 5. The ICU admission rate was reported in 2 studies(Tee, Croome et al. 2015, Meng, Cai et al. 2018) involving 71 patients (25 TLPDs and 46 OPDs), and the rate did not show any significant difference between the two groups (OR=0.90, 95% CI=0.53 ~ 1.54, P=0.71). However, in terms of the duration of ICU stay, we observed that the TLPD group had a significantly shorter ICU stay than the OPD group (WMD=-0.28d, 95% CI=-2.88 ~ -1.29 d, P<0.00001) (Fig. 13) through the analysis of these two studies(Asbun and Stauffer 2012, Hakeem, Verbeke et al. 2014). This is awkward, do you mean: The ICU admission rate was reported in 2 studies(Tee, Croome et al. 2015, Meng, Cai et al. 2018) involving 71 patients (25 TLPDs and 46 OPDs), and the rate did not show any significant difference between the two groups (OR=0.90, 95% CI=0.53 ~ 1.54, P=0.71). However, in terms of the duration of ICU stay, we observed that the TLPD group had a significantly shorter ICU



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stay than the OPD group (WMD=-0.28d, 95% CI=-2.88 ~ -1.29 d, P<0.00001) (Fig. 13)(Asbun and Stauffer 2012, Hakeem, Verbeke et al. 2014). 6. Discussion There is a problem with the endnotes, please see the end of the paragraph: Laparoscopic techniques are minimally invasive procedures that have been applied in a wide variety of general surgeries, including some pancreatic operations(Kantor, Talamonti et al. 2017), and the techniques have proven to be more advantageous in terms of a shortened LOS, a reduced operative blood loss, a decreased incidence of postoperative complications and an enhanced postoperative recovery(Clinical Outcomes of Surgical Therapy Study, Nelson et al. 2004, Huscher, Mingoli et al. 2005, Kim, Hyung et al. 2010, Correa-Gallego, Dinkelspiel et al. 2014)[Correa-Gallego, 2014 #57][Huscher, 2005 #49]. 7. This section is repetitive. Either keep it in the Discussion or in the Introduction, but not both: However, with regard to PD, considering its retroperitoneal operative field, proximity to the great vessels, difficult dissection, and complex biliary and pancreatic anastomosis(Pedziwiatr, Malczak et al. 2017), this procedure has only been performed at some major medical centers, and some modifications, such as hand-assisted PD and laparoscopy - assisted PD, have been introduced since PD was first introduced in 1994(Gagner and Pomp 1994). In the last decade, with the continuous advancements in instrumentation and innovations in procedures(Satyadas, Kanhere et al. 2010), TLPD has been increasingly accepted and performed by general surgeons worldwide, but this challenging procedure is still in its early stages, and only a few studies with limited series comparing TLPD and OPD have been conducted. In our review, we found two clinical RCTs, and the remaining studies included in our meta-analysis were retrospective studies with limited quality. Therefore, whether TLPD is superior to or comparable to OPD has remained unknown until now. To our knowledge, several systematic reviews or meta-analyses comparing minimally invasive PD (MIPD) and OPD have been published(de Rooij, Klompaker et al. 2016, de Rooij, Lu et al. 2016) [,



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#65], but none of them have compared TLPD and OPD specifically; hence, we performed this meta-analysis with the largest available dataset from the published literature. 8. POPF and DGE are considered to be the two most common and severe complications of PD, especially POPF, which is a life-threatening complication, and the occurrence... Spelling: "POPF and DGE are considered to be the two most common and severe complications of PD, especially POPF, which is a life-threatening complication, and the occurrence... In patients who undergoing PD for malignant tumors, oncological safety is the most important priority. "In patients undergoing PD for malignant tumors, oncological safety is the main priority." 9. Conclusion: I do not believe the data supports this conclusion. As mentioned the totally laparoscopic group had significantly smaller tumors, ideally, this paper would have looked at matched-controlled groups. "Therefore, we suggest that TLPD is comparable to OPD or may be better than OPD in terms of oncological outcomes." At most the authors could conclude that more matched-controlled studies are needed to adequately ascertain if totally laparoscopic approaches will have superior oncological outcomes to open PD.

INITIAL REVIEW OF THE MANUSCRIPT

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[] Plagiarism

[Y] No



PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

Manuscript NO: 48303

Title: Is total laparoscopic pancreaticoduodenectomy superior to the open procedure? A meta-analysis

Reviewer’s code: 01221925

Reviewer’s country: Greece

Science editor: Jia-Ping Yan

Reviewer accepted review: 2019-05-23 09:40

Reviewer performed review: 2019-06-06 20:01

Review time: 14 Days and 10 Hours

| 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 checked="" type="checkbox"/> Grade B: Very good | <input type="checkbox"/> Grade B: Minor language polishing | (High priority) | <input checked="" type="checkbox"/> Anonymous |
| <input type="checkbox"/> Grade C: Good | | <input type="checkbox"/> Accept | <input type="checkbox"/> Onymous |
| <input type="checkbox"/> Grade D: Fair | <input checked="" type="checkbox"/> Grade C: A great deal of language polishing | (General priority) | Peer-reviewer’s expertise on the topic of the manuscript: |
| <input type="checkbox"/> Grade E: Do not publish | <input type="checkbox"/> Grade D: Rejection | <input type="checkbox"/> Minor revision | <input checked="" type="checkbox"/> Advanced |
| | | <input checked="" type="checkbox"/> Major revision | <input type="checkbox"/> General |
| | | <input type="checkbox"/> Rejection | <input type="checkbox"/> No expertise |
| | | | Conflicts-of-Interest: |
| | | | <input type="checkbox"/> Yes |
| | | | <input checked="" type="checkbox"/> No |

SPECIFIC COMMENTS TO AUTHORS

This is an interesting paper where the authors provide us with a meta-analysis regarding the comparison of totally laparoscopic pancreaticoduodenectomy (TLPD) vs open pancreaticoduodenectomy (OPD). The authors reach the conclusion that they are



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essentially comparable with the main exception being operating time, which is significantly longer in the TLPD. Could the authors please comment on the following: 1) The paper could benefit from significant editorial language assistance 2) The authors are correct to point out the fact that a meta-analysis is only as good as the basic data that it uses and as such the fact that there were only 2 randomized controlled trials is a limitation. Furthermore, the fact that in the TLPD the tumors are smaller, may be an indication of a selection bias, where the "easier" cases were performed laparoscopically, whereas those with more extensive involvement were performed in the open manner. Do we have data regarding pre-operative staging or how was it decided which patients were going to undergo a TLPD and which an OPD? 3) The point regarding the learning curve is an excellent one and perhaps the key of any transition towards a minimally invasive procedure. Is there a number thought of as the minimum requirement, ie in lap hepatectomies 60 procedures are deemed as necessary to achieve proficiency in the procedure? 4) Is there more information regarding the cost, as this is usually the other limiting factor?

INITIAL REVIEW OF THE MANUSCRIPT

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