Baishideng Publishing Group

PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

Manuscript NO: 52580

Title: Nomograms predicting long-term survival in patients with invasive intraductal papillary mucinous neoplasm of pancreas: a population-based study

Reviewer's code: 03477516

Position: Peer Reviewer

Academic degree: MD

Professional title: Professor

Reviewer's country: Japan

Author's country: China

Reviewer chosen by: Artificial Intelligence Technique

Reviewer accepted review: 2019-11-07 15:29

Reviewer performed review: 2019-11-14 10:15

Review time: 6 Days and 18 Hours

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[ ] Grade E: Do not publish		[ ] Rejection	[Y] Advanced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

SPECIFIC COMMENTS TO AUTHORS

Thank you for sending your manuscript. This manuscript was "Nomogramspredicting long-term survival in patients with invasive intraductal papillary mucinous neoplasm of pancreas: a population-based study". This manuscript had well described, but had several problems. However I wonder you should revise some parts of it Major) 1, This manuscript had collected in long time, and diagnostic level of IPMN had been changed. Further treatment and chemotherapy for invasive IPMN wad been improved. These prognosis was significantly changed. This design was difficult. 2, Nomogram predicting malignancy risk for IPMN was proposed in Ann Surg previously. You needed to discuss this nomogram. 3, You classified two group. What methods did you use? 4, You should reveal the weighting of nomogram easily.   Please try to consider again. Thank you.

INITIAL REVIEW OF THE MANUSCRIPT

Google Search:

[   ] The same title

[   ] Duplicate publication

[   ] Plagiarism

[Y] No

BPG Search:

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[   ] Plagiarism

[Y] No

PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

Manuscript NO: 52580

Title: Nomograms predicting long-term survival in patients with invasive intraductal papillary mucinous neoplasm of pancreas: a population-based study

Reviewer's code: 03252981

Position: Peer Reviewer

Academic degree: MD, PhD

Professional title: Academic Research

Reviewer's country: Japan

Author's country: China

Reviewer chosen by: Artificial Intelligence Technique

Reviewer accepted review: 2019-11-08 13:44

Reviewer performed review: 2019-11-17 08:16

Review time: 8 Days and 18 Hours

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

SPECIFIC COMMENTS TO AUTHORS

Review   The authors described the establishment and validation of nomogram for the assessment of the prognosis of invasive carcinoma associated with intraductal papillary mucinous neoplasm of the pancreas. The nomogram predict the prognosis better than the staging system of American Joint Committee on Cancer. The data and discussion look reasonable. However, there are a couple of criticisms.   In the present study, the authors extracted patients of intraductal papillary mucinous neoplasm of the pancreas were extracted with ICD-O-3 codes. Some ICD codes are defined as in situ carcinoma. The authors intended to evaluate the prognosis of INVASIVE carcinoma derived from intraductal papillary mucinous neoplasm. The authors stated the limitation of data sets of Surveillance, Epidemiology, and End Results. It is not clear whether the patients are all INVASIVE intraductal papillary mucinous neoplasm. This needs to be verified.   The issue is also related to the above issue. The WHO classification of intraductal papillary mucinous neoplasm has been changed this year. The nomogram needs to follow the newest classification and concept of the classification.   There are many strange sentences and wordings. There are also grammatical errors. The manuscript needs thorough revision.

INITIAL REVIEW OF THE MANUSCRIPT

Google Search:

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[Y] No

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[Y] No

PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

Manuscript NO: 52580

Title: Nomograms predicting long-term survival in patients with invasive intraductal papillary mucinous neoplasm of pancreas: a population-based study

Reviewer's code: 00053888

Position: Editorial Board

Academic degree: FRCS (Gen Surg), MD

Professional title: Attending Doctor, Doctor, Surgeon

Reviewer's country: United Kingdom

Author's country: China

Reviewer chosen by: Jie Wang

Reviewer accepted review: 2019-11-18 15:14

Reviewer performed review: 2019-11-18 16:30

Review time: 1 Hour

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

SPECIFIC COMMENTS TO AUTHORS

This is an interesting manuscript that essentially addresses prognostic scoring in patients undergoing resectional surgery for IPMN. These type of data have been carried out for pancreatic ductal adenocarcinoma extensively in the past and I am sure patients with adenocarcinoma on the background of IPMN were included. This manuscript is however a large series of patients with IPMN cancers. The problem with all of these scoring systems is that they are largely only useful once histology is available and are unlikely to significantly change treatment. The key for this disease is to predict those patients in whom the IPMN will turn malignant and when, this is particularly pertinent in those with BD-IPMN. Despite this the manuscript is well written and interesting, there are a small number of grammatical/typographical errors which need correction.

INITIAL REVIEW OF THE MANUSCRIPT

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[Y] No

BPG Search:

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[Y] No