

## PEER-REVIEW REPORT

**Name of journal:** *World Journal of Gastrointestinal Surgery*

**Manuscript NO:** 78813

**Title:** Comparison of clinicopathological characteristics between resected ampullary carcinoma and carcinoma of the second portion of the duodenum

**Provenance and peer review:** Unsolicited Manuscript; Externally peer reviewed

**Peer-review model:** Single blind

**Reviewer's code:** 00182423

**Position:** Editorial Board

**Academic degree:** MD, PhD

**Professional title:** Professor, Surgeon

**Reviewer's Country/Territory:** South Korea

**Author's Country/Territory:** Japan

**Manuscript submission date:** 2022-07-22

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2022-08-08 01:13

**Reviewer performed review:** 2022-08-16 02:42

**Review time:** 8 Days and 1 Hour

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Language quality	<input checked="" type="checkbox"/> Grade A: Priority publishing <input type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
Conclusion	<input type="checkbox"/> Accept (High priority) <input checked="" type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
Re-review	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

<b>Peer-reviewer statements</b>	Peer-Review: [ <input checked="" type="radio"/> ] Anonymous [ <input type="radio"/> ] Onymous
	Conflicts-of-Interest: [ <input type="radio"/> ] Yes [ <input checked="" type="radio"/> ] No

## SPECIFIC COMMENTS TO AUTHORS

comment on manuscript 78813 1. This study on the comparison between duodenal and AoV cancer is valuable in that there are few studies reported so far. And your comment on lymph node metastasis in Discussion was plausible. I really enjoyed reading this manuscript with great interest. I would like to ask you a few questionable points. 2. “both tumors arise from anatomically similar locations”... I think both tumors arise from anatomically close locations, not similar locations. 3. What did the ‘standard pancreatoduodenectomy’ in Method mean? How much stomach was resected in this ‘standard’ PD? I think you need to clarify it. 4. You classified regional lymph nodes into superior pancreaticoduodenal lymph nodes (N SP), inferior pancreaticoduodenal lymph nodes (N IP), pyloric lymph nodes (N Py), hepatic lymph nodes (N He) and superior mesenteric lymph nodes (N SM). My questions are 1) with what criteria did you divide PD nodes into superior and inferior? 2) why didn’t you divide PD nodes into posterior and anterior as you cited that lymphatic spread from ampullary carcinoma mainly extended from the posterior pancreaticoduodenal region to the superior mesenteric lymph nodes in Discussion sector? and 3) In figure 3, N-SM resided in the left of the SMA. Did you intend to describe N-SM as depicted in figure 3? If so, there seems to be much differences from other authors in the perception of number 14 superior mesenteric lymph nodes. 5. In Table 1 and 2, there are some numerical errors. The numerical values of AGE, mGPS are written differently. Age: Table 1\_DC-II..64(37-84); AC..69(41-85) Table 2\_ DC-II..69(41-85);AC.. 64(37-84) mGPS: Table 1\_DC-II.. mGPS 0 =16 Table 2\_mGPS 0=17 6. Table 1 and 2 are listed with almost the same contents, so it would be better to make them as one table. If not, p-values should be added to compare the basic

characteristics between the two groups in Table 1.

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**Provenance and peer review:** Unsolicited Manuscript; Externally peer reviewed

**Peer-review model:** Single blind

**Reviewer's code:** 03805961

**Position:** Peer Reviewer

**Academic degree:** MD

**Professional title:** Assistant Professor, Instructor, Lecturer

**Reviewer's Country/Territory:** Thailand

**Author's Country/Territory:** Japan

**Manuscript submission date:** 2022-07-22

**Reviewer chosen by:** Dong-Mei Wang

**Reviewer accepted review:** 2022-09-09 08:10

**Reviewer performed review:** 2022-09-09 09:10

**Review time:** 1 Hour

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input checked="" type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Language quality	<input type="checkbox"/> Grade A: Priority publishing <input checked="" type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
Conclusion	<input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input checked="" type="checkbox"/> Major revision <input type="checkbox"/> Rejection
Re-review	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

<b>Peer-reviewer statements</b>	Peer-Review: [ <input checked="" type="radio"/> ] Anonymous [ <input type="radio"/> ] Onymous Conflicts-of-Interest: [ <input type="radio"/> ] Yes [ <input checked="" type="radio"/> ] No
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## SPECIFIC COMMENTS TO AUTHORS

Thank you for inviting me to review this manuscript. The authors reviewed the patients who underwent definitive surgery from 2 centers with 20 years experience. Nevertheless, I have some questions and suggestions. - 1. The authors included only resectable patients of DC-II and AC, which are only a minority of total patients with these diseases. I'd rather suggest the authors to change the title to be more representative of the study population. I was mislead by the title and expected to see the data of all staging of those patients. - 2. As these 2 primary tumors usually have overlapping lesion and presentation symptoms and signs, how could you ascertain the diagnosis of AC and DC-II separately? - 3. Table 1 should be a part of results (baseline characteristics of the enrolled patients), not in the method part. - 4. In determining overall survival and recurrence free survival, how did the authors obtain the date of death data? And how did the authors define recurrence? These should be mentioned in the method part. - 5. For statistical analysis, the authors stated only categorical variables comparisons, how about continuous variables? - 6. What is actuarial survival? Should it be actual survival instead? - 7. The term 'Digestive Symptoms' is very vague, more details of symptoms e.g., pain, GI bleeding, bloating, dyspepsia, etc. will be more useful for readers in understanding the presentation of both tumors. - 8. When the authors mentioned how many patients had disease recurrence, the recurrent rate developed in what timeframe? 5-years? 10-years? or 1-year? - 9. In the tables: Table 1 and 2 are almost the entirely the same, they could be wrapped up into only 1 table.