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PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

Manuscript NO: 38280

Title: Impact of enhanced recovery after surgery programs on pancreatic surgery: a meta-analysis

Reviewer’s code: 02445477

Reviewer’s country: India

Science editor: Xue-Jiao Wang

Date sent for review: 2018-02-06

Date reviewed: 2018-02-07

Review time: 1 Day

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C: Good	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Duplicate publication	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input type="checkbox"/> Plagiarism	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input type="checkbox"/> No	<input type="checkbox"/> Major revision
		BPG Search:	
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input type="checkbox"/> No	

COMMENTS TO AUTHORS

please convey my compliments to author for this extraordinary work



PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

Manuscript NO: 38280

Title: Impact of enhanced recovery after surgery programs on pancreatic surgery: a meta-analysis

Reviewer's code: 02954661

Reviewer's country: Romania

Science editor: Xue-Jiao Wang

Date sent for review: 2018-02-11

Date reviewed: 2018-02-12

Review time: 1 Day

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input checked="" type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
<input checked="" type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input checked="" type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C: Good	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Duplicate publication	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		BPG Search:	<input type="checkbox"/> Major revision
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

COMMENTS TO AUTHORS

Dear Editor, Thank you for the opportunity to review the interesting manuscript entitled 'Impact of enhanced recovery after surgery programs on pancreatic surgery: a meta-analysis'. The authors present an interesting meta-analysis of 20 studies about the impact of ERAS protocol in pancreatic surgery. I found the paper interesting, and has merits to be accepted, after minor revision. Minor concerns: Cote tip : according to the current trend, pancreatic surgery in not a general surgery operation. It is an overspecialization, done by dedicated surgeons. Please make a subgroup analysis of studies with early postoperative per os feeding. As this is an important step in colorectal surgery, but was associated with a higher rate of complications after pancreaticoduodenectomy. Please introduce a paragraph about this topic in Discussions.



PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

Manuscript NO: 38280

Title: Impact of enhanced recovery after surgery programs on pancreatic surgery: a meta-analysis

Reviewer's code: 00183086

Reviewer's country: Greece

Science editor: Xue-Jiao Wang

Date sent for review: 2018-02-06

Date reviewed: 2018-02-13

Review time: 7 Days

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C: Good	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Duplicate publication	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input type="checkbox"/> Plagiarism	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input type="checkbox"/> No	<input type="checkbox"/> Major revision
		BPG Search:	
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input type="checkbox"/> No	

COMMENTS TO AUTHORS

Excellent work. The manuscript should be accepted for publication. Minor revisions with regard to grammatical errors are implemented. In addition, newly published references should be included. Finally, Introduction section should be reduced in size.



PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

Manuscript NO: 38280

Title: Impact of enhanced recovery after surgery programs on pancreatic surgery: a meta-analysis

Reviewer's code: 03552996

Reviewer's country: Italy

Science editor: Xue-Jiao Wang

Date sent for review: 2018-02-06

Date reviewed: 2018-02-14

Review time: 8 Days

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input type="checkbox"/> High priority for publication
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		BPG Search:	
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input type="checkbox"/> No	

COMMENTS TO AUTHORS

The manuscript is interesting, from clinical relevance, well planned and conclusions are appropriate. I recommend to accept this manuscript. Please update reference n°10 (Bassi C, Marchegiani G, Dervenis C, et al. International Study Group on Pancreatic Surgery (ISGPS). The 2016 update of the International Study Group (ISGPS) definition and grading of postoperative pancreatic fistula: 11 Years After. Surgery. 2017 Mar;161(3):584-591. doi: 10.1016/j.surg.2016.11.014.)



PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

Manuscript NO: 38280

Title: Impact of enhanced recovery after surgery programs on pancreatic surgery: a meta-analysis

Reviewer's code: 02460781

Reviewer's country: China

Science editor: Xue-Jiao Wang

Date sent for review: 2018-02-11

Date reviewed: 2018-02-20

Review time: 9 Days

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input type="checkbox"/> High priority for publication
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		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

COMMENTS TO AUTHORS

Enhanced recovery after surgery (ERAS) is also called fast track surgery (FTS) . The author evaluated the influence of ERAS programs on postoperative complications of pancreatic surgery. This is a good study and paper. However, pancreatic surgeries include pancreaticoduodenectomy, body and tail pancreatectomy plus splenectomy, middle segmental pancreatectomy, and spleen-proservation distal pancreatectomy, etc. Pancreatoduodenetomy is the most complicated surgery and has more complications. The studies selected are case-control studies and retrospective studies. Therefore, to some extent, the select bias had effect on the result. So, if the authors gave a subgroup analysis according to the types of pancreatectomy, the result may be different.