

## PEER-REVIEW REPORT

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

**Manuscript NO:** 49244

**Title:** Observation or resection of pancreatic IPMN: an ongoing tug of war

**Reviewer's code:** 00058381

**Reviewer's country:** Austria

**Science editor:** Le Zhang

**Reviewer accepted review:** 2019-08-09 06:32

**Reviewer performed review:** 2019-08-10 16:42

**Review time:** 1 Day 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 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 checked="" type="checkbox"/> Grade D: Fair	<input checked="" 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 checked="" 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

Major Comments: This manuscript deals with the treatment of patients with pancreatic IPMN. Several questions remain unanswered and the "dilemma" is not solved, but this is not the fault of the authors, as evidence provided in the literature is scarce. The name used for the described disease ("Intrapapillary mucinous neoplasm", Introduction,

first paragraph) differs from the common conventions (-> intraductal papillary mucinous neoplasm). Minor Comments: The contribution of each author should be specified. Section "IPMN - a premalignant condition": "Thus, the main rationale for surgery is to resect lesions that are either harbour early cancerous lesions or, preferably, to remove lesions that have high grade dysplasia but have yet to develop into invasive cancer." - Please correct this sentence. Section "Population at risk for IPMN": "Particularly, in the aging population, when the prevalence of numerous medical conditions increase[12], and with an increasing number of cross sectional imaging undertaken for work-up or surveillance of other prevalent cancers, which often leads to the incidental detection of cystic lesions in the pancreas." - Please complete this sentence. Section "Considering patient fitness": "high-risk stigmata is associated with" -> high-risk stigmata are associated with (or: the presence of high-risk stigmata is associated with). Section "Resection or surveillance - the dilemma": "In a retrospective study including 75 patient with IPMN justifying resection if histological result was high-grade dysplasia, malignancy or symptom improvement, resection was justified in 54%, 53% and 59% according to the IAP, European and AGA guidelines respectively." - "75 patient" -> 75 patients; what is meant by "if histological result was [...] symptom improvement"? Section "IPMNs of main duct, branch duct and mixed type": "a high-risk stigmata" - stigmata is plural (singular: stigma); "a criteria for resection" - criteria is plural (singular: criterion); "another study from Verona did not call main duct dilatation as a risk for malignancy" -> another study from Verona did not call main duct dilatation a risk for malignancy; "Notably, the bi-institutional series from Johns Hopkins and Karolinska was based on resected IPMNs, thus potentially biasing the results towards patients who otherwise got a resection" - Please clarify this sentence; "Controversy persist" -> Controversy persists; "New onset diabetes is also enough for resection in healthy individuals if following the European criteria, but is now a criteria for resection in the

other guidelines (Table 1)." – Please clarify this sentence (it is not consistent with Table 1); "The ACG guidelines acknowledges its importance" -> The ACG guidelines acknowledge its importance. Some sentences are grammatically unclear; e.g., "Thus, finding incidental IPMNs is likely to increase with the widespread use of cross-sectional imaging, yet the consequences for either resection or surveillance needs to be tailored to the likely clinical impact for the particular person" (Section "Population at risk for IPMN"); "Furthermore, the indications may be absolute or relative (Table 1) with in partial disagreement between guidelines and ongoing debate among pancreatologists and pancreatic surgeons"; "There are referred to as absolute indications in the European guidelines and high-risk stigmata in the IAP guidelines"; "The AGA guidelines which results in a more conservative approach (Table 1), would have missed the surgical indication for 2 patients with malignancy and 2 patients with high-grade dysplasia" (Section "Resection or surveillance – the dilemma"). Please eliminate the alternating use of American and British English (e.g., "center"/"calibre", "harbors"/"harbour"). Section "Resection or surveillance – the dilemma": "Ca19-9" -> CA 19-9. Figure 1 should be omitted; it does not offer substantial information. Table 1: "multidiciplinary team" -> multidisciplinary team; "worrysome" -> worrisome; "seconday" -> secondary; "Ca19-9" -> CA 19-9. The reference list also requires revision; some parts are not consistent with the guidelines of the journal; DOIs and PMIDs are not provided.

## INITIAL REVIEW OF THE MANUSCRIPT

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