



PEER-REVIEW REPORT

Name of journal: *World Journal of Clinical Oncology*

Manuscript NO: 77700

Title: Whipple's Pancreaticoduodenectomy at a Resource-Poor, Low-Volume Center in Trinidad & Tobago

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 06090125

Position: Peer Reviewer

Academic degree: MD

Professional title: Lecturer, Technical Editor

Reviewer's Country/Territory: Iraq

Author's Country/Territory: Trinidad and Tobago

Manuscript submission date: 2022-05-18

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-05-19 06:37

Reviewer performed review: 2022-05-20 13:16

Review time: 1 Day and 6 Hours

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input checked="" 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 Grade E: Do not publish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 type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input checked="" type="checkbox"/> Major revision <input type="checkbox"/> Rejection
Re-review	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No



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

1- Paper needs a good introduction, the introduction section of the manuscript is weak, authors are advised to improvise the introduction section. 2- The contributions presented in this manuscript are not sufficient for possible publication in this journal. I highly suggest authors to clearly define the contributions. 3- Result and Discussion section is inadequate. Need more attention and better explanation. 4- I suggest extending the conclusions section to focus on the results you get, the method you propose, and their significance. Overall, I don't think this manuscript is qualified to be published at this time.



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Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 05848410

Position: Peer Reviewer

Academic degree: Doctor, MMed, PhD

Professional title: Chief Doctor, Chief Physician, Dean, Doctor, Professor, Surgeon

Reviewer's Country/Territory: China

Author's Country/Territory: Trinidad and Tobago

Manuscript submission date: 2022-05-18

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-07-03 06:29

Reviewer performed review: 2022-07-12 15:49

Review time: 9 Days and 9 Hours

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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No



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

As we know, the Whipple’s procedure, even the LPD procedure, is a routine surgery in many high-volume centers. The authors did a lot of efforts in Whipple’s procedure in a low-volume center and achieved a good short-term outcomes with a low complications for these patients. Because of this, the authors confirmed that Whipple’s procedures should only be performed in high-volume centers. However, I do not agree the authors’ opinion in the part of INTRODUCTION line 3-5: “Because these facilities are often in high income nations, patients in poor countries cannot access them easily”. Firstly, what the authors said is the truth, but the patients in poor country always needs to be treated in a relative high-volume hospital. Secondly, how to become a high-volume hospital? I think this need a hard and repeated work in learning, training and operation like the authors did. After you can achieve a very good outcomes for these patients, more and more patients might come and ask for your help, and then it will be a high-volume center. Therefore, I think the major problems of this manuscript is that the authors should provide more detailed data in the part of RESULTS since we should know whether the author’s team did a better and better work in this procedure based upon the time from 2013 to 2021. For example, how many procedures performed in every single year from 2013 to 2021, how many complications occurred in every single year from 2013 to 2021, and so on. The minor issues: 1. The author recruited a high portion of patients with ASA more than 3 and ECOG more than 2, whether the complications occurred more often in this group of patients? 2. The authors should compare the blood loss in operation, operation time, and so on in your center to a high-volume center. 3. The authors mentioned the ICU stay. The patient without complication need a ICU stay of 8



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