

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

**Manuscript NO:** 46872

**Title:** Management of Pancreatic Head Adenocarcinoma: From Where to Where?

**Reviewer's code:** 00057659

From time to time a Review concerning state of the art surgery for pancreatic head carcinoma is necessary. However, to find relevant informations in this Review is very boring. Wheter in the Abstract nor highlighted in the text the Reader finds the main Messages. Thus this paper is not superior to many others dealing with the same theme.

### **Response to the Reviewer**

Thank you for your valuable comment about our manuscript. A number of studies have been published in the literature on the advantages and disadvantages of standard and extended resections in the approach to PHACs. But most authors are trying to highlight that their approach is better. In this literature analysis, we aimed to maintain equal distance from both surgical approaches. So, we evaluate the basic concepts underlying and the roles of radical surgery for PHAC, and lymphadenectomy, nerve plexus, retroperitoneal tissue, vascular, and multivisceral resections, total pancreatectomy, and liver metastases are discussed. Moreover, we do not claim to be better than other studies in the literature. We aimed to reveal only the deficiencies of other studies.

**Reviewer's code:** 00505440

This review revisits what has already been published in literature repeatedly. No new thoughts are published. No new insights are provided. No new research is presented. Thus the reason for such a manuscript in the present time seems unclear. If the authors sincerely wish to review a topic, they should carry out a systematic review or meta-analysis on a specific topic following the PRISMA guidelines.

### **Response to the Reviewer**

Thank you for your valuable comment about our manuscript. We have no intention of preparing a meta-analysis on this subject. In this study, we aimed to present our own experience in combination with other studies in the literature. Moreover, we do not claim to

be better than other studies in the literature. We aimed to reveal only the deficiencies of other studies.

**Reviewer's code: 02460781**

1 In the department of introduction, the author should list the defects of the past techniques in more details. ISH and IHC should be given the full name, not the abbreviation at the first time in the article. 2 It may be better if the research had the results of ISH and IHC to compare that of the dPCR and qPCR.

**Response to the Reviewer**

Thank you for your comment. But this comment not related our manuscript.

**Reviewer's code: 00253974**

Nice review of an interesting though still controversial topic.

**Response to the Reviewer**

Thank you for your comment about our manuscript.

**Reviewer's code: 03252981**

The article reviews the clinical issues of the pancreatic cancer. The issues on the lymph node dissection, metastasis and complications are widely reviewed and discussed. This review lacks a perspective for the therapy of pancreatic head adenocarcinoma in the future. The authors stated neoadjuvant therapy in the sections. Some sound like future treatment. Improvement of outcome of pancreas head adenocarcinoma will be achieved by multiple factors, and the authors needs to state the insight how it will be accomplished. The manuscript is redundantly long. The description needs to be concise. The abbreviations PAC and PHAC are confusing. The first part of Introduction sounds confusing. The epidemiological data of both PAC and PHAC are described. The introduction is redundantly long. The description needs to be concise. The reviewer wonders if the description on Halsted is necessary. Page 11: The description on the study by Nakao is not understandable. Interpreted description on type

A-D disease may be helpful for readers. There are many strange sentences and wordings. The manuscript needs thorough revision.

### **Response to the Reviewer**

Thank you for your valuable comment about our manuscript. According to your suggestions, first paragraph of the introduction section was removed from the study. Thus, the confusion about abbreviations PAC and PHAC has been solved. Halsted's definition may not be necessary. We wanted to show some important turning points in terms of showing "From Where to Where for pancreatic cancer?". Radiological and pathological classifications of PV invasion were revised and the paragraph about Nakao et al was revised.

With Best Wishes

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