

PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Cases

Manuscript NO: 74269

Title: Higher volume growth rate is associated with development of worrisome features

in patients with Branch Duct-Intraductal Papillary Mucinous Neoplasms

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 03474273 Position: Associate Editor Academic degree: MD, PhD

Professional title: Chief Doctor, Director, Professor

Reviewer's Country/Territory: China

Author's Country/Territory: Italy

Manuscript submission date: 2021-12-21

Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-12-22 01:25

Reviewer performed review: 2021-12-22 02:23

Review time: 1 Hour

Scientific quality	[] Grade A: Excellent [] Grade B: Very good [] Grade C: Good [Y] Grade D: Fair [] Grade E: Do not publish
Language quality	[] Grade A: Priority publishing [Y] Grade B: Minor language polishing [] Grade C: A great deal of language polishing [] Grade D: Rejection
Conclusion	[] Accept (High priority) [] Accept (General priority) [] Minor revision [] Major revision [Y] Rejection
Re-review	[Y]Yes []No



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Peer-reviewer

Peer-Review: [Y] Anonymous [] Onymous

statements Conflicts-of-Interest: [] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

The study identified volume growth rate is associated with development of worrisome features in patients with Branch Duct-Intraductal Papillary Mucinous Neoplasms. However, several major concerns limit the quality of the study. 1. The cyst volume measurement is the same thing as diameter measurement. In addition, 3 baseline cyst diameters should be measured to determine the cyst volume, the inter-observer variability will be greater than cyst diameter measure alone. 2. Inter-observer agreement should be analyzed between different radiologists. 3. The diameter growth rate is a risk factor for BD-IPMN. The cysts that have higher growth rate is potintially more agreesive than other cysts. Therefore ,the relathionship between diameter growth and high risk feature has no significance. 4. The follow up time is not sufficient as BD-IPMN develop very slow.



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Reviewer's code: 00054255 Position: Editor-in-Chief Academic degree: MD, PhD

Professional title: Consultant Physician-Scientist, Doctor, Full Professor, Professor

Reviewer's Country/Territory: South Korea

Author's Country/Territory: Italy

Manuscript submission date: 2021-12-21

Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-12-23 07:18

Reviewer performed review: 2021-12-29 06:26

Review time: 5 Days and 23 Hours

Scientific quality	[] Grade A: Excellent [] Grade B: Very good [] Grade C: Good [Y] Grade D: Fair [] Grade E: Do not publish
Language quality	[] Grade A: Priority publishing [Y] Grade B: Minor language polishing [] Grade C: A great deal of language polishing [] Grade D: Rejection
Conclusion	[] Accept (High priority) [] Accept (General priority) [] Minor revision [Y] Major revision [] Rejection
Re-review	[Y]Yes []No



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Peer-Review: [Y] Anonymous [] Onymous

statements | Conflicts-of-Interest: [] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

Branch duct type intraductal papillary mucinous neoplasms(BD0IPMNs) is difficult to assess whether it is benign or has malignant potential. Therefore, Fukuoka guidelines and a nomogram predicting the individual risk of malignancy(JY Jang et al. Ann Surg 266(6):1062) for this difficult issue were proposed. Criticisms: 1. Ten of 98 patients developed worrisome features from non-worrisome features for a median follow-up duration of 40.5 months. No patient has high-risk stigmata. The median diameter of the cyst was 19 (11.25-21.25). Then what kinds of findings were included the worrisome features for each patient after 40.5 months follow-up. There are no findings in table 2. belonging to worrisome features that authors proposed in the materials and methods. 2. What is the volume measuring equation? Authors used sagittal (antero-posterior) x transversal (latero-lateral) x coronal (cranio-caudal). This is a rough volume. Comment about is to be added in the discussion. 3. Regarding table 5& 6: Baseline cyst size and final cyst size, both were classified to non-worrisome features(88) and worrisome features(10). As authors described and I mentioned in criticism 1, the authors used 98 patients for this study, who have non-worrisome features. What is the timeline of the baseline and final? 4. Practically, just measuring the longest diameter can be used easily rather than the calculation of the volume. What is the comparative analysis between the increase of the longest diameter and the volume increase for prediction going to worrisome feature?



RE-REVIEW REPORT OF REVISED MANUSCRIPT

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Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 03474273 Position: Associate Editor Academic degree: MD, PhD

Professional title: Chief Doctor, Director, Professor

Reviewer's Country/Territory: China

Author's Country/Territory: Italy

Manuscript submission date: 2021-12-21

Reviewer chosen by: Ze-Mao Gong

Reviewer accepted review: 2022-03-23 11:09

Reviewer performed review: 2022-03-23 11:36

Review time: 1 Hour

Scientific quality	[] Grade A: Excellent [Y] Grade B: Very good [] Grade C: Good [] Grade D: Fair [] Grade E: Do not publish
Language quality	[] Grade A: Priority publishing [Y] Grade B: Minor language polishing [] Grade C: A great deal of language polishing [] Grade D: Rejection
Conclusion	[] Accept (High priority) [Y] Accept (General priority) [] Minor revision [] Major revision [] Rejection
Peer-reviewer	Peer-Review: [Y] Anonymous [] Onymous



statements

Conflicts-of-Interest: [] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

The revised paper is resonable and logical. I have no further comment.