

## PEER-REVIEW REPORT

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

**Manuscript NO:** 74713

**Title:** Prospects and applications of enucleation in solid pseudopapillary neoplasms of the pancreas

**Provenance and peer review:** Invited manuscript; Externally peer reviewed

**Peer-review model:** Single blind

**Reviewer's code:** 06136851

**Position:** Peer Reviewer

**Academic degree:** MD

**Professional title:** Associate Specialist, Surgeon

**Reviewer's Country/Territory:** Brazil

**Author's Country/Territory:** China

**Manuscript submission date:** 2022-03-13

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2022-03-14 01:39

**Reviewer performed review:** 2022-03-14 01:57

**Review time:** 1 Hour

<b>Scientific quality</b>	<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 Grade E: Do not publish
<b>Language quality</b>	<input type="checkbox"/> Grade A: Priority publishing <input checked="" type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
<b>Conclusion</b>	<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
<b>Re-review</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No



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<b>Peer-reviewer statements</b>	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**

Interesting topic, well written

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**Reviewer's code:** 05932549

**Position:** Peer Reviewer

**Academic degree:** MD

**Professional title:** Doctor

**Reviewer's Country/Territory:** China

**Author's Country/Territory:** China

**Manuscript submission date:** 2022-03-13

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2022-03-13 11:47

**Reviewer performed review:** 2022-03-19 11:47

**Review time:** 5 Days and 23 Hours

<b>Scientific quality</b>	<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
<b>Language quality</b>	<input type="checkbox"/> Grade A: Priority publishing <input checked="" type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
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<b>Peer-reviewer statements</b>	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**

The review had significant clinical significance and answered some important questions about enucleation for SPNs. I only have some minor questions. 1. The review was submitted in revisions mode. The authors should check carefully before submitting. 2. The descriptions for the characteristic of SPN were repetitive. For example, in "introduction" section and "FEASIBILITY AND ADVANTAGES OF ENUCLEATION APPLICATION IN SPN" section. 3. The authors may summarize the procedures of enucleation to tell us how to perform a successful enucleation.

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**Peer-review model:** Single blind

**Reviewer's code:** 06273651

**Position:** Peer Reviewer

**Academic degree:** MD

**Professional title:** Doctor

**Reviewer's Country/Territory:** United States

**Author's Country/Territory:** China

**Manuscript submission date:** 2022-03-13

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2022-03-13 18:38

**Reviewer performed review:** 2022-03-19 21:06

**Review time:** 6 Days and 2 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 type="checkbox"/> Grade A: Priority publishing <input type="checkbox"/> Grade B: Minor language polishing <input checked="" 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 checked="" type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
Re-review	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

<b>Peer-reviewer statements</b>	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

This review describes enucleation in surgical management of solid-pseudopapillary neoplasm (SPN) of the pancreas. The points are generally clear except the written English needs to be greatly improved. I have a few points the authors might consider incorporating in the final form. 1. I am surprised that the peer-review version of the manuscript was presented not as a final form. There is no page or line number that one can refer to. Table 1 is difficult to read since it was not formatted correctly. In Table 1, what does “-” stand for? What does “no” refer to? For reference 5 size of the tumor was listed “6.1-2.9” whereas for the rest of the references sizes were listed from small to larger ones. 2. How was the margin status evaluated during the enucleation procedure? How often did the authors and others have positive margin? I would imagine that intraoperative frozen section for margin status will add significant amount of work for pathologists. Would cytologic examination of touch print or scraping from each side of the three-dimensional specimen be reasonable option? If the margin is positive, would the authors convert to conventional partial pancreatectomy? 3. As the authors and others correctly stated, as long as the diagnosis is classical SPN, the overall prognosis is good, even with positive margin and/or metastasis. The authors can briefly review “malignant pathological features” since their presence justify more radical procedure. If there is no previous FNA/FNB diagnosis of SPN, an intraoperative frozen section of such diagnosis can be challenging because the main differential diagnosis is pancreatic neuroendocrine tumor that has worse prognosis than SPN. Given the freezing artifact, SPNs with degenerative changes can be easily diagnosed as other entities with worse prognosis than SPNs. In the authors’ experience with enucleation procedure,

how often did a lesion turn out to be another entity but originally thought to be SPN? 4. Section "Sex differences": I specifically do not like the way references 21 and 23 were cited. There are a few issues with reference 21. Analysis of pooled data for a rare tumor such as SPN suffers from low case numbers and uneven reports. From my own experience and recent reports I would not conclude that male SPN patients have a peak at 64 years. A reasonable number would be around 40. What was the authors' experience regarding age of male SPN patients? Reference 21 was based on search on "solid pseudopapillary carcinoma" (though in fact including SPNs in their search) listed in their Figure 1, a diagnostic entity that would be more common in elder population. Reference 23 was based on limited male SPN patients thus the conclusion of absence of cyst in male SPN patients is not well justified. Regardless, I do agree with the authors' more radical approach for elder male and postmenopausal female patients with SPN. 5. Section "Different types of enucleation" 2nd paragraph line 4: which article does "in the above article" refer to? 6. References are listed in different styles or formats.