

## PEER-REVIEW REPORT

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

**Manuscript NO:** 75907

**Title:** Central pancreatectomy for benign or low-grade malignant pancreatic tumors in the neck and body of the pancreas

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

**Peer-review model:** Single blind

**Reviewer's code:** 05118039

**Position:** Peer Reviewer

**Academic degree:** DNB, MBBS, MNAMS, MS

**Professional title:** Assistant Professor, Surgeon

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

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

**Manuscript submission date:** 2022-03-15

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2022-03-25 14:17

**Reviewer performed review:** 2022-03-25 14:48

**Review time:** 1 Hour

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 Grade E: Do not publish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 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
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



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

Dear Author, Well informative article. Question I have: 1. Imaging (CT/MRI) findings were not included. 2. Relation of splenic vessels to the tumor 3. Status of splenic vessels ligation in CP. 4. If splenic vessels ligated, adequacy of blood supply to distal pancreas were assessed or not, which will influence remnant gland function 5. Incidence pancreatic infarction following CP. 6. Objective test for exocrine insufficiency was lacking, like fecal elastase test or equivalent tests which will reflect accurate functional status Thank you.

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**Peer-review model:** Single blind

**Reviewer's code:** 03477544

**Position:** Peer Reviewer

**Academic degree:** MD

**Professional title:** Doctor

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

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

**Manuscript submission date:** 2022-03-15

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2022-03-22 06:48

**Reviewer performed review:** 2022-03-31 11:33

**Review time:** 9 Days and 4 Hours

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input checked="" 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 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

<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 authors assessed the perioperative outcomes, and long-term morbidity on endocrine and exocrine function in patients undergoing CP group (n=34) and DP group (n=262). The CP group was better in retaining long-term pancreatic endocrine and exocrine function. In this study, endocrine function was evaluated by assessing diabetes control. The incidence of diarrhea was used to evaluate exocrine function. The following issues need to be thoroughly reviewed. Major problems

1. Factors other than the incidence of diarrhea need to be assessed when evaluating exocrine function. In this study, exocrine function was estimated from diarrhea alone. However, several important conditions regarding pancreatic exocrine deficiency are reported. Other criteria including fatty liver should be observed when assessing exocrine function.
2. Evidence should be revealed when emphasizing the superiority of laparoscopic CP in retaining exocrine and endocrine function. The authors say laparoscopic surgery has several apparent advantages over conventional open techniques, such as early postoperative recovery, short hospital stay, and minimally invasive incision. It seems to be exaggerated that laparoscopic surgery suits CP procedure. It should be discussed based on robust evidence. Minor problems Not found.

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**Peer-review model:** Single blind

**Reviewer's code:** 03998130

**Position:** Peer Reviewer

**Academic degree:** MD, PhD

**Professional title:** Senior Lecturer, Surgeon, Surgical Oncologist, Teacher

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

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

**Manuscript submission date:** 2022-03-15

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2022-03-23 15:11

**Reviewer performed review:** 2022-04-03 09:44

**Review time:** 10 Days and 18 Hours

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input checked="" type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Language quality	<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
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

<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

Central pancreatectomy (CP) is a controversial surgical procedure proposed as an alternative to distal pancreatectomy (DP) for benign or low-grade malignant lesions of the pancreatic isthmus and body. CP is an uncommon surgical procedure because it is widely accepted to be associated with increased morbidity rates compared with DP. However, it appears that there are few benefits of CP in terms of postoperative functional results (low rates of endocrine and exocrine insufficiencies) compared with DP. The previously reported series of CP does not include a commonly large number of patients, although several comparative studies with DP were performed. Although the present study's idea is not new, it would be of interest to the readers because it includes a relatively large number of patients with CP. However, a few concerns should be raised: There is no novelty to the field with his paper. Furthermore, essential reference papers on the same topic are missed. What does it mean in inclusion criteria for radical surgery? Usually, it refers to malignant pathology. Please clarify. The DP group also includes patients with and without splenectomy. It would be of interest for the readers the comparison with spleen-preserving only DP. How many patients in the DP group have had associated splenectomy, and why? How do the authors explain the low rates of severe complications, grade B-C postoperative fistula, and readmissions compared with previously reported large series from other high-volume centers? The postoperative follow-up period is not given to see the endocrine and exocrine insufficiency rates over time. Although many papers consider the first report of a CP by Guillemin and Bessot in 1957, in their paper, there is no resection of the mid-portion of the pancreas but just a transection of the pancreas (an unintentional one!). The modern technique of CP should



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be attributed to Dagradi and Serio from the Verona group (many papers signed by Iacono C and co-workers). Interestingly, it appears that the first CP was reported in 1910 by Finney (Finney JM, Ann Surg, 1910; 51:818-29). The references should be in the format requested by the journal. The references should be numbered in their order of appearance in the text. Please re-formulate the paragraph “Several studies have compared the short-term and long-term outcomes of the two procedures, but the efficacy and safety of CP in comparison to DP are still not entirely unclear [6]” to “Several studies have compared the short-term and long-term outcomes of the two procedures, but the efficacy and safety of CP in comparison to DP are still unclear [6]”.

## RE-REVIEW REPORT OF REVISED MANUSCRIPT

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**Position:** Peer Reviewer

**Academic degree:** MD, PhD

**Professional title:** Senior Lecturer, Surgeon, Surgical Oncologist, Teacher

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

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

**Manuscript submission date:** 2022-03-15

**Reviewer chosen by:** Jing-Jie Wang

**Reviewer accepted review:** 2022-06-02 14:18

**Reviewer performed review:** 2022-06-02 14:26

**Review time:** 1 Hour

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input checked="" type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Language quality	<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
Conclusion	<input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input checked="" type="checkbox"/> Rejection
Peer-reviewer	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous





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statements

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

#### **SPECIFIC COMMENTS TO AUTHORS**

The authors did not properly address all the concerns raised by the reviewers.

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

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

**Manuscript submission date:** 2022-03-15

**Reviewer chosen by:** Jing-Jie Wang

**Reviewer accepted review:** 2022-06-03 04:39

**Reviewer performed review:** 2022-06-03 04:42

**Review time:** 1 Hour

<b>Scientific quality</b>	<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
<b>Language quality</b>	<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
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<b>Peer-reviewer</b>	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous



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

#### **SPECIFIC COMMENTS TO AUTHORS**

None