

PEER-REVIEW REPORT

Name of journal: *World Journal of Gastrointestinal Surgery*

Manuscript NO: 78673

Title: New Perspectives on Robotic Pancreaticoduodenectomy: An Analysis of the National Cancer Database.

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: United States

Manuscript submission date: 2022-07-11

Reviewer chosen by: Dong-Mei Wang

Reviewer accepted review: 2022-10-14 09:25

Reviewer performed review: 2022-10-20 02:40

Review time: 5 Days and 17 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 Grade E: Do not publish
Judgment by peer reviewers	Does this manuscript meet the code of ethics standards? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Does this manuscript have important novelty? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Does this manuscript have important creativity or innovation?

	<input type="checkbox"/> [J31] Yes <input type="checkbox"/> [J30] No Does this manuscript use reliable research methods? <input type="checkbox"/> [J41] Yes <input type="checkbox"/> [J40] No Are the manuscript-accompanying data and figures authentic? <input type="checkbox"/> [J51] Yes <input type="checkbox"/> [J50] No Does this manuscript make scientifically significant conclusions? <input type="checkbox"/> [J61] Yes <input type="checkbox"/> [J60] No
Language quality	<input type="checkbox"/> [Y] 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"/> [Y] Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
Re-review	<input type="checkbox"/> [Y] Yes <input type="checkbox"/> No
Peer-reviewer statements	Peer-Review: <input type="checkbox"/> [Y] Anonymous <input type="checkbox"/> Onymous Conflicts-of-Interest: <input type="checkbox"/> Yes <input type="checkbox"/> [Y] No

SPECIFIC COMMENTS TO AUTHORS

The authors presented us a OPD vs. LPD vs. RPD study. As we known, whether OPD or LPD should be performed for a resectable PC patient is still in controversy, now RPD is added to this. However, this study presented here is still interesting for pancreatic surgeons and the data actually help us know the RPD. But the manuscript still has some minor issues. 1. the authors collected many data from 2004 to 2018, but only present the 2010 to 2018? And, as we know, along with the progress of the surgery technique, surgeons may performed surgery much more better no matter in OPD or RPD. The authors have so many data (more than 2800 cases in 2018) even the many OPD performed in 2018, why only choose the patients in 2018 for analysis? 2. the authors mentioned that "With the known advantages of minimally invasive techniques and the potential of performing complex surgeries with enhanced precision and accuracy using



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robotic techniques, robotic PD has the potential to be a safe and feasible alternative to open and laparoscopic approaches." It is easy to understand the advantages of the RPD to OPD, but how is the RPD and LPD? 3. the surgeons who performed the OPD, LPD, or RPD may also influence the LN harvest, whether the RPD surgeon still perform OPD or LPD? or the indicator of the RPD, LPD and OPD? 4. the authors should present more detailed data including the complication of surgery, and so on. 5. the author should discuss why RPD can harvest more LN or give us some hypothesis.

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Reviewer's code: 05462823

Position: Peer Reviewer

Academic degree: MD, MS

Professional title: Doctor, Postdoctoral Fellow, Research Fellow, Surgeon

Reviewer's Country/Territory: China

Author's Country/Territory: United States

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Reviewer chosen by: Dong-Mei Wang

Reviewer accepted review: 2022-10-21 14:24

Reviewer performed review: 2022-10-22 04:33

Review time: 14 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
Judgment by peer reviewers	Does this manuscript meet the code of ethics standards? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Does this manuscript have important novelty? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Does this manuscript have important creativity or innovation?

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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
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

SPECIFIC COMMENTS TO AUTHORS

I read the paper very carefully and I would like to congratulate the author on such well done job. This topic is extremely interesting and controversial , Which per se should be considered as publishable materinal after minor revision.

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Reviewer's code: 00183279

Position: Editorial Board

Academic degree: FRCS (Ed), MD, MS

Professional title: Dean, Professor

Reviewer's Country/Territory: India

Author's Country/Territory: United States

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Reviewer chosen by: Dong-Mei Wang

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Reviewer performed review: 2022-11-05 16:42

Review time: 13 Days and 2 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
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SPECIFIC COMMENTS TO AUTHORS

Robotic surgery is typically minimally invasive. So the patient suffers less pain, slight blood loss and minimal scarring, and requires only a short recovery time. With the robotic arm eliminating the natural limits of human wrists, surgery can be performed with more delicate, precise and efficient movements. But it is only available in centers that can afford the technology and have specially trained surgeons. Large multicentric trials have confirmed the prognostic importance of regional LN metastases after resection for Pancreatic ductal adenocarcinoma This study aims at lymph node harvest during robotic pancreaticoduodenectomy for the surgical treatment of pancreatic ductal adenocarcinoma and evaluate short and long term outcomes in open, lap and robotic PD. It confirms better number of LN harvest and better survival after robotic PD than seen with open or lap. Based on longitudinal studies, we know that margin

negative (R0) resection for pancreatic cancer translates into improved survival. In addition, increased number of lymph nodes retrieved during surgery frequently allows accurate staging and is synonymous with the adequacy of surgical resection. This is a good study but needs longer follow up and also more details regarding histopathology may need to be included for future.