



PEER-REVIEW REPORT

Name of journal: World Journal of Gastrointestinal Surgery

Manuscript NO: 46353

Title: Dual loop (Roux en Y) reconstruction with isolated gastric limb reduces delayed gastric emptying after pancreatico-duodenectomy

Reviewer’s code: 02929648

Reviewer’s country: China

Science editor: Fang-Fang Ji

Date sent for review: 2019-02-11

Date reviewed: 2019-02-11

Review time: 5 Hours

SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION	PEER-REVIEWER STATEMENTS
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	<input type="checkbox"/> Accept	Peer-Review:
<input type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language polishing	(High priority)	<input checked="" type="checkbox"/> Anonymous
<input checked="" type="checkbox"/> Grade C: Good		<input type="checkbox"/> Accept	<input type="checkbox"/> Onymous
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of language polishing	(General priority)	Peer-reviewer’s expertise on the topic of the manuscript:
<input type="checkbox"/> Grade E: Do not publish	<input type="checkbox"/> Grade D: Rejection	<input type="checkbox"/> Minor revision	<input type="checkbox"/> Advanced
		<input checked="" type="checkbox"/> Major revision	<input checked="" type="checkbox"/> General
		<input type="checkbox"/> Rejection	<input type="checkbox"/> No expertise
			Conflicts-of-Interest:
			<input type="checkbox"/> Yes
			<input checked="" type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS

1. The patients in the SLR group have very high rate of DGE (59.1%). Please explain. 2. For the patients in the SLR group, a Jejunum-Jejunal anastomosis with side to side (termed Brown anastomosis) is performed to reduce the rate of DGE after PD. Why do not you



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apply it?

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PEER-REVIEW REPORT

Name of journal: World Journal of Gastrointestinal Surgery

Manuscript NO: 46353

Title: Dual loop (Roux en Y) reconstruction with isolated gastric limb reduces delayed gastric emptying after pancreatico-duodenectomy

Reviewer’s code: 03887212

Reviewer’s country: Italy

Science editor: Fang-Fang Ji

Date sent for review: 2019-02-11

Date reviewed: 2019-02-11

Review time: 12 Hours

SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION	PEER-REVIEWER STATEMENTS
<input type="checkbox"/> Grade A: Excellent	<input checked="" type="checkbox"/> Grade A: Priority publishing	<input type="checkbox"/> Accept	Peer-Review:
<input checked="" type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language	(High priority)	<input checked="" type="checkbox"/> Anonymous
<input type="checkbox"/> Grade C: Good	polishing	<input type="checkbox"/> Accept	<input type="checkbox"/> Onymous
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of	(General priority)	Peer-reviewer’s expertise on the
<input type="checkbox"/> Grade E: Do not	language polishing	<input checked="" type="checkbox"/> Minor revision	topic of the manuscript:
publish	<input type="checkbox"/> Grade D: Rejection	<input type="checkbox"/> Major revision	<input type="checkbox"/> Advanced
		<input type="checkbox"/> Rejection	<input checked="" type="checkbox"/> General
			<input type="checkbox"/> No expertise
			Conflicts-of-Interest:
			<input type="checkbox"/> Yes
			<input checked="" type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS

This is an interesting, well-written study on the outcomes of Single loop reconstruction (SLR) vs Roux-en Y reconstruction with an isolated gastric limb (RIGL) after PD. - postoperative complications were found to be significantly associated with DGE at



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multivariate analysis. In my opinion those should not be considered in the risk factor analysis being DGE a postoperative complication itself. - Please add in table 1 BMI and type of primary - Was POPF defined as per ISGPS as well? the types of POPF should be reported as well as they might have had a different impact on the rate of DGE.

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PEER-REVIEW REPORT

Name of journal: World Journal of Gastrointestinal Surgery

Manuscript NO: 46353

Title: Dual loop (Roux en Y) reconstruction with isolated gastric limb reduces delayed gastric emptying after pancreatico-duodenectomy

Reviewer’s code: 01557050

Reviewer’s country: Japan

Science editor: Fang-Fang Ji

Date sent for review: 2019-02-11

Date reviewed: 2019-02-14

Review time: 2 Hours, 3 Days

SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION	PEER-REVIEWER STATEMENTS
<input type="checkbox"/> Grade A: Excellent	<input checked="" type="checkbox"/> Grade A: Priority publishing	<input type="checkbox"/> Accept	Peer-Review:
<input checked="" type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language polishing	(High priority)	<input checked="" type="checkbox"/> Anonymous
<input type="checkbox"/> Grade C: Good		<input type="checkbox"/> Accept	<input type="checkbox"/> Onymous
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of language polishing	(General priority)	Peer-reviewer’s expertise on the topic of the manuscript:
<input type="checkbox"/> Grade E: Do not publish	<input type="checkbox"/> Grade D: Rejection	<input checked="" type="checkbox"/> Minor revision	<input type="checkbox"/> Advanced
		<input type="checkbox"/> Major revision	<input checked="" type="checkbox"/> General
		<input type="checkbox"/> Rejection	<input type="checkbox"/> No expertise
			Conflicts-of-Interest:
			<input type="checkbox"/> Yes
			<input checked="" type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS

1) General comments Dr. Ben-Ishay, et al. investigated ‘Dual Loop reconstruction with isolated gastric limb reduces delayed gastric emptying after Pancreatico-duodenectomy’. The article is informative and well-presented. The reviewer has some comments.



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Comments 1) In Material and Methods, page 4 line 28, the authors describe the definition of DGE using ISGPS. Please explain briefly about ISGPS in Material and Methods. 2) In Table 4, female was associated with DGE. Please explain the reasons of high rates of DGE in female in Discussion.

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PEER-REVIEW REPORT

Name of journal: World Journal of Gastrointestinal Surgery

Manuscript NO: 46353

Title: Dual loop (Roux en Y) reconstruction with isolated gastric limb reduces delayed gastric emptying after pancreatico-duodenectomy

Reviewer's code: 05085948

Reviewer's country: Italy

Science editor: Fang-Fang Ji

Date sent for review: 2019-02-11

Date reviewed: 2019-02-14

Review time: 8 Hours, 3 Days

SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION	PEER-REVIEWER STATEMENTS
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	<input type="checkbox"/> Accept	Peer-Review:
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<input type="checkbox"/> Grade C: Good	polishing	<input type="checkbox"/> Accept	<input type="checkbox"/> Onymous
<input checked="" type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of	(General priority)	Peer-reviewer's expertise on the
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publish	<input type="checkbox"/> Grade D: Rejection	<input checked="" type="checkbox"/> Major revision	<input checked="" type="checkbox"/> Advanced
		<input type="checkbox"/> Rejection	<input type="checkbox"/> General
			<input type="checkbox"/> No expertise
			Conflicts-of-Interest:
			<input type="checkbox"/> Yes
			<input checked="" type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS

Although the manuscript is adherent to the structural criteria of the included checklist and no negative comment can be adduced in this field, nevertheless I'm sorry to make the following relics: - The retrospective nature of the study is a great limiting factor due



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to the length of the time frame and the absence of any randomization: in fact, RIGL represents a new intestinal reconstruction route the Authors perform after the exclusive SLR use until 2016; furthermore, the study groups, even though short, are different about the disease requiring a DP, so that may be other factors can affect the incidence of DGE. At last, nothing is mentioned about the incidence of other complication then DGE and their coexistence with DGE itself. - Nothing is mentioned about any collateral treatment of DGE, in order to understand the real impact of this complication on the patient outcome, since the majority is a grade A DGE that doesn't affect the patient quality of life. - Also postoperative management of NGT isn't the same in the two periods (before and after 2016) so that the homogeneity is compromised, in my opinion. - Unfortunately, the manuscript doesn't add anything new to a still debated argument and no concrete hypothesis is done about the nature of the complication itself and the relative way to treat it. On the other hand, the cited meta-analysis of Klaiber conclude for the absence of any difference in the incidence of complication after DP in the two reconstruction routes. - The only reasons I agree are that RIGL, dividing the digestive pathway from the bilio-pancreatic one, allows the patient to feed despite the presence of a postoperative fistula and the stomach is not exposed to an aggressive secretion. - From a technical point of view, some criticisms are to notice about the fashion the gastro-jejunal anastomosis is brought: an end-to-side hand-sawn anastomosis built on anterior gastric wall is quite different from a mechanical one performed on posterior gastric wall in conditioning gastric emptying, still the first is more adherent to a physiological pathway and then more effective. Furthermore, the gastric emptying time is strictly depending both from the length of the gastric stump and the vertical or horizontal fashion of the gastric suture. - Unfortunately, bibliographic references are rather old and not updated. In conclusion, I'm sorry to say that the manuscript is poor for the following reasons: - The retrospective nature of the study; - The small sample size;



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- The heterogeneity of the diseases requiring a DP; - The poor description of the different complications; - Not clear description of the intervention technique; - Oldness of the bibliographic references. For these reasons, unless a major revision is performed, I retain the manuscript is to reject.

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PEER-REVIEW REPORT

Name of journal: World Journal of Gastrointestinal Surgery

Manuscript NO: 46353

Title: Dual loop (Roux en Y) reconstruction with isolated gastric limb reduces delayed gastric emptying after pancreatico-duodenectomy

Reviewer’s code: 01557283

Reviewer’s country: Japan

Science editor: Fang-Fang Ji

Date sent for review: 2019-02-11

Date reviewed: 2019-02-17

Review time: 12 Hours, 6 Days

SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION	PEER-REVIEWER STATEMENTS
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	<input type="checkbox"/> Accept	Peer-Review:
<input type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language	(High priority)	<input checked="" type="checkbox"/> Anonymous
<input type="checkbox"/> Grade C: Good	polishing	<input type="checkbox"/> Accept	<input type="checkbox"/> Onymous
<input checked="" type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of	(General priority)	Peer-reviewer’s expertise on the
<input type="checkbox"/> Grade E: Do not	language polishing	<input type="checkbox"/> Minor revision	topic of the manuscript:
publish	<input type="checkbox"/> Grade D: Rejection	<input checked="" type="checkbox"/> Major revision	<input checked="" type="checkbox"/> Advanced
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			<input type="checkbox"/> No expertise
			Conflicts-of-Interest:
			<input type="checkbox"/> Yes
			<input checked="" type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS

Summary of the manuscript. The authors summarized their historical data about DGE. The incidence of DGE in the SLR group seemed too high. Therefore, the data presented may depend on the increasing experience of pancreaticoduodenectomy in their



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institution. The authors should carefully analyze their data considering the type of their study. **Abstract.** 1. The present study analyzed historical data, and the grade A DGE mainly depended on their postoperative management procedure. Therefore, the authors should focus the grade B and C of DGE. **Results.** 1. Line 16, page 5. There was no significant difference in operative time between the study and the control group respectively (221.3 ± 39.7 vs. 221.3 ± 40.1 min, $p=0.99$) and the need for intraoperative blood transfusion (5.8% vs. 10.3%, $p=0.3$). Did the control group indicate SLR and the study group indicate RIGL? The authors should show the intraoperative or postoperative data, e.g., the incidence of superior mesenterico-portal vein resection, the number of soft remnant pancreas, the use of proton pump inhibitor, duration of intensive care unit stay, start of rehabilitation, performance of postoperative gastrography, etc. 2. The incidence of grade B and C of DGE seemed too high in the SLR group. The authors should describe context of these patients with grade B and C of DGE. **Discussion.** 1. Some authors analyzed using prospectively-maintained database and showed that the incidence of DGE (grades B and C) after PD can be decreased by using Billroth II rather than Roux-en-Y reconstruction (J Gastrointest Surg. 2015 May;19(5):955-63). The authors should discuss this manuscript or some randomized control studies.

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Name of journal: World Journal of Gastrointestinal Surgery

Manuscript NO: 46353

Title: Dual loop (Roux en Y) reconstruction with isolated gastric limb reduces delayed gastric emptying after pancreatico-duodenectomy

Reviewer's code: 04161295

Reviewer's country: Italy

Science editor: Fang-Fang Ji

Date sent for review: 2019-02-11

Date reviewed: 2019-02-17

Review time: 18 Hours, 6 Days

SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION	PEER-REVIEWER STATEMENTS
<input type="checkbox"/> Grade A: Excellent	<input checked="" type="checkbox"/> Grade A: Priority publishing	<input type="checkbox"/> Accept	Peer-Review:
<input checked="" type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language	(High priority)	<input checked="" type="checkbox"/> Anonymous
<input type="checkbox"/> Grade C: Good	polishing	<input checked="" type="checkbox"/> Accept	<input type="checkbox"/> Onymous
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of	(General priority)	Peer-reviewer's expertise on the
<input type="checkbox"/> Grade E: Do not	language polishing	<input type="checkbox"/> Minor revision	topic of the manuscript:
publish	<input type="checkbox"/> Grade D: Rejection	<input type="checkbox"/> Major revision	<input type="checkbox"/> Advanced
		<input type="checkbox"/> Rejection	<input checked="" type="checkbox"/> General
			<input type="checkbox"/> No expertise
			Conflicts-of-Interest:
			<input type="checkbox"/> Yes
			<input checked="" type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS

This manuscript discusses the authors' clinical experience associated with Pancreatico-duodenectomy (PD) and presents RIGL as a treatment solution enabling a significant reduction of the incidence and severity of delayed gastric emptying (DGE).



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The primary and secondary findings of the retrospective study are encouraging and would have to be reconfirmed by a prospective randomized control trial.

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