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ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastrointestinal Surgery

ESPS manuscript NO: 22328

Title: Duodenal Adenocarcinoma: Advances in Diagnosis and Surgical Management

Reviewer's code: 02984758

Reviewer's country: Austria

Science editor: Jin-Xin Kong

Date sent for review: 2015-08-30 17:40

Date reviewed: 2015-10-21 17:14

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input checked="" type="checkbox"/> Grade A: Priority publishing	Google Search:	<input checked="" type="checkbox"/> Accept
<input checked="" type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C: Good		<input type="checkbox"/> Duplicate publication	
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Plagiarism	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade E: Poor	<input type="checkbox"/> Grade D: Rejected	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Minor revision
		BPG Search:	<input type="checkbox"/> Major revision
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

COMMENTS TO AUTHORS

This is a well written and comprehensive paper. The review puts together available data on a rare topic. It clearly points out all details which are necessary to treat such patients successfully

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastrointestinal Surgery

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Reviewer's code: 00041957

Reviewer's country: Italy

Science editor: Jin-Xin Kong

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CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> [Y] Accept
<input type="checkbox"/> [Y] Grade B: Very good	<input type="checkbox"/> [Y] Grade B: Minor language polishing	<input type="checkbox"/> [] The same title	<input type="checkbox"/> [] High priority for publication
<input type="checkbox"/> [] Grade C: Good	<input type="checkbox"/> [] Grade C: A great deal of language polishing	<input type="checkbox"/> [] Duplicate publication	<input type="checkbox"/> [] Rejection
<input type="checkbox"/> [] Grade D: Fair	<input type="checkbox"/> [] Grade D: Rejected	<input type="checkbox"/> [Y] No	<input type="checkbox"/> [] Minor revision
<input type="checkbox"/> [] Grade E: Poor		BPG Search:	<input type="checkbox"/> [] Major revision
		<input type="checkbox"/> [] The same title	
		<input type="checkbox"/> [] Duplicate publication	
		<input type="checkbox"/> [] Plagiarism	
		<input type="checkbox"/> [Y] No	

COMMENTS TO AUTHORS

The Authors make an accurate revision of the surgical experience with duodenal adenocarcinoma: This type of neoplasia is particularly rare and usually the therapeutic procedures are based by those employed for the other periampullary tumors that however have a very different prognosis. The experiences published in the last years puts in evidence several important prognostic factors: 1) the necessity of a radical surgery that can be obtained either by a duodenopancreatectomy or by a partial duodenectomy if the tumor is localized in the first or fourth duodenal portion; 2) the value of obtaining surgical margins free of neoplastic invasion; 3) the difference in survival between the various histological types of the duodenal adenocarcinoma. I suggest to complete this review with other reports of duodenal carcinoma, those observed in FAP patients. Many of these patients are followed for their duodenal adenomas and are operated at an early stage of the disease or also with prophylactic indication. It has been proposed and performed a total duodenectomy preserving the pancreas and reimplanting the major ampulla with interesting results. To refer this option and to discuss the advantages or disadvantages of this technique could be of interest. Otherwise the title of this review should be changed as "Sporadic duodenal adenocarcinoma". Concluding the review



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submitted to World Journal of Gastrointestinal Surgery represents a good contribution to the knowledge of the duodenal cancer allowing the surgeons to have an up to date revision of the treatment and prognosis of this type of neoplasia."