



## ESPS PEER-REVIEW REPORT

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

**ESPS manuscript NO:** 25347

**Title:** Pancreaticoduodenectomy- the impact of evolution from a low to a high volume unit. a study from India.

**Reviewer's code:** 03475309

**Reviewer's country:** Swaziland

**Science editor:** Jing Yu

**Date sent for review:** 2016-03-07 10:15

**Date reviewed:** 2016-03-11 06:57

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
<input 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 checked="" type="checkbox"/> Grade D: Fair	<input checked="" 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 checked="" 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

Peer-review: World Journal of Gastroenterology

General

- English should be verified by a native speaker. There are several typographical and grammar errors.
- Stick to PD for the entire manuscript not "PD's". Moreover, once the abbreviation has been explained, you should always use PD and not write pancreaticoduodenectomy (for example page 5 in the results).
- I would always use XX et al. instead of "and colleagues" or "and associates".
- In the methods you mention that readmission rates were collected and in the discussion you mention that it was not done. This should be corrected.
- Did you change anything during the study period regarding the perioperative management that could also explain the decrease of postoperative complications (like PF and DGE)? Similar policy of nasogastric tube use? Implementation of an enhanced recovery protocol?

- Jejunostomies were rarely performed in the more recent group? Was there a change of policy regarding the postoperative nutrition?
- I would also discuss more in detail if your institution has evolved during the study period. Changes in the interventional radiology? Adaptation of the hospital when transformed to a high-volume center? Increase of the human or financial resources?

#### Abstract

- Typographical errors: add a space before the brackets
- The aim is too vague, you should clarify what effects mean.
- The sentence "From 2002..." should be part of the results.
- The methods should be a bit more described (retrospective collection).

#### Introduction

- The introduction is clear and exposes well the problem. I would just clarify the aim (Analyzing the impact? What is it exactly? Postoperative outcomes? Length of stay?).

#### Methods

- Same comment as above: "A total of 200 patients..." is a result.
- Major complication also includes the grade 3a (intervention under local or loco-regional anesthesia). It should be added in the text.
- What is "n ;" at the end of the first paragraph?

#### Results

- 27% of complications with 2% of major morbidity for the last 136 patients is really low. Did you take into account every deviation from the normal postoperative course (urinary tract infection, blood transfusion, ...)?

#### Discussion

- The length is a bit too long (4 pages). I would shorten it. We have the impression that a big part of the literature is discussed without connecting to the present study. I would focus more on the results found in this study and then discussed the literature.
- The beginning of the discussion should state the main finding(s) of the study.
- You should avoid the paragraphs where you just summarize your results without discussing them more in depth.
- The last sentence of the conclusion seems redundant. I would delete it.

#### Tables

- If you give the mean + SD, you do not need to give the range.
- The abbreviations should be clarified at the bottom of the tables.
- Table 2: what is cold?



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

**ESPS manuscript NO:** 25347

**Title:** Pancreaticoduodenectomy- the impact of evolution from a low to a high volume unit. a study from India.

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**Reviewer's country:** China

**Science editor:** Jing Yu

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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"/> 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 checked="" type="checkbox"/> No	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		BPG Search:	<input type="checkbox"/> Major revision
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		<input checked="" type="checkbox"/> No	

## COMMENTS TO AUTHORS

This a good retrospective study about the relationship between the high risk procedure volume of pancreaticoduodenectomy (PD) and outcome concerning the effects of increased case load of PD within the same institution. The transformation from a low volume to a high volume provider of PD resulted in most favourable outcomes, and patients who are undergoing PD surgery should choose the hospital that performs pancreatic surgery most frequently

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**Reviewer's code:** 03492099

**Reviewer's country:** China

**Science editor:** Jing Yu

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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"/> Accept
<input type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input type="checkbox"/> High priority for publication
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## COMMENTS TO AUTHORS

It is a good idea to describe the effects of increased case load of PD within the same institution. I agree with all the points of reviewer 03475309 and here is my suggestion.

### General

1. The 200 PD was performed by the same surgeon or the same team? Please describe in the Material and Methods
2. The 200 PD underwent the same perioperative management? If not please add a table and surmised the perioperative management (somatostatin, preoperative jaundice...) of the three groups.
3. Please describe the pathological features of patients of the three groups.

### Specific comments

1. Page 3 Introduction "Before 1980, PD has been associated with a high rate of morbidity (40-60%) and a high mortality (upto 20%)". Here I think it is better to add one or two references.
2. Page 4 Material and Methods "Patients demographics, surgical parameters and postoperative events progress were recorded and analysed." Please change the patients to patients'.



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3. Figure 1, there is no legend for y axis and x axis.

4. In all table, for example Table 3 Line 2 "Duration of surgery in minutes" what is the meaning of P value. It is for all three groups (Low volume vs. Medium volume vs. High volume) or only for any two groups (Low volume vs. High volume or Low volume vs. Medium volume). If it is only for all three groups, please recalculate the P value for any two groups.

5. Table 2, add the unit of BMI