

ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 8109

Title: Improving Outcomes in pancreatic cancer. Key points in perioperative management: preoperative drainage in jaundiced patients, neoadjuvant therapy and vascular resection

Reviewer code: 02860637

Science editor: Zhai, Huan-Huan

Date sent for review: 2013-12-16 18:10

Date reviewed: 2013-12-28 20:50

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	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"/> Existed	<input type="checkbox"/> High priority for publication
<input checked="" type="checkbox"/> Grade C (Good)	<input type="checkbox"/> Grade C: a great deal of language polishing	<input type="checkbox"/> No records	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D (Fair)	<input type="checkbox"/> Grade D: rejected	<input type="checkbox"/> Existed	<input checked="" type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)		<input type="checkbox"/> No records	<input type="checkbox"/> Major revision

COMMENTS TO AUTHORS

The review focusses some important conclusions on neo-adjuvant therapy between patients with potentially resectable and borderline resectable pancreatic adenocarcinoma. However they are few grammatical mistakes which needs to be rectified with minor revisions. Further the article can be written in a more systematic order avoiding the frequent paragraphing styles.

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Name of Journal: World Journal of Gastroenterology

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Title: Improving Outcomes in pancreatic cancer. Key points in perioperative management: preoperative drainage in jaundiced patients, neoadjuvant therapy and vascular resection

Reviewer code: 00181546

Science editor: Zhai, Huan-Huan

Date sent for review: 2013-12-16 18:10

Date reviewed: 2014-01-08 20:54

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	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"/> Existed	<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"/> No records	<input checked="" type="checkbox"/> Rejection
<input type="checkbox"/> Grade D (Fair)	<input type="checkbox"/> Grade D: rejected	<input type="checkbox"/> Existed	<input type="checkbox"/> Minor revision
<input checked="" type="checkbox"/> Grade E (Poor)		<input type="checkbox"/> No records	<input type="checkbox"/> Major revision

COMMENTS TO AUTHORS

Authors try to review three different questions of recent pancreatic cancer surgery. However, no any further connection are between them. The question of the preoperative drainage is not a problem anymore, the conclusion is well-known evidence. Regarding the need for vascular resection: based on this highly sophisticated review, no any clear conclusion could be drawn. Especially, because the author's results are completely different (36.8% mortality rate) than the statement in the next page ("Morbidity and mortality rates are comparable with that of standard procedures"). The manuscript contains a lot of mistakes and errors, both in the text, and in the tables (for example: Guillen instead of Gillen, etc...) In short: the review is incoherent, and the conclusions do not include any new informations.

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Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 8109

Title: Improving Outcomes in pancreatic cancer. Key points in perioperative management: preoperative drainage in jaundiced patients, neoadjuvant therapy and vascular resection

Reviewer code: 00391342

Science editor: Zhai, Huan-Huan

Date sent for review: 2013-12-16 18:10

Date reviewed: 2014-01-09 17:30

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	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"/> Existed	<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"/> No records	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D (Fair)	<input type="checkbox"/> Grade D: rejected	<input type="checkbox"/> Existed	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)		<input type="checkbox"/> No records	<input type="checkbox"/> Major revision

COMMENTS TO AUTHORS

In their interesting review, Alamo and co-authors cover a lot of interesting issues relating to the preoperative management of pancreatic cancer patients who are candidates to potentially curative surgery. Biliary drainage, neoadjuvant therapy, and extensive vascular resection are all greatly debated issues, whose clarification is likely to result in an improvement of long-term outcomes in such an aggressive disease. However, a few points of the manuscript maybe substantially improved: 1) Despite the well-discussed methodological limitations, main efficacy results of the two meta-analyses discussed (Assifi et al; Andriulli et al) should be reported in more details. 2) As the authors mention FOLFIRINOX, studies on the PEFG and Gem/abraxane regimens as neoadjuvant treatment for advanced pancreatic cancer should also be mentioned, as potential avenues to improve on current neoadjuvant chemotherapy results. 3) The Cochrane meta-analysis published in 2009, as well as the role of concurrent chemo-radiation, should be discussed in more details. 4) Text and perhaps a Table reporting a summary of currently ongoing trials of neoadjuvant (including, but not limited to, neoadjuvant vs adjuvant) strategies would be interesting to add. 5) Current controversies relating to the evaluation of R0 vs R1 resections, both in terms of processing of the surgical specimen and pathologic analysis, should be reported in more detail, with specific regard to different criteria to define R0 vs R1. 6) The prognostic role of resection margins is highly debated (see for example Verbeke Surg Clin North Am. 2013 Jun;93(3):647-62) and should be critically discussed. 7) Conclusions on venous resection should be tempered, taking into account current controversy on such topic; the authors may also want to discuss this issue critically in light of the potential benefits of neoadjuvant strategies in pts potentially requiring venous resection at preoperative staging. 8)



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English form has to be revised throughout the manuscript.

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Title: Improving Outcomes in pancreatic cancer. Key points in perioperative management: preoperative drainage in jaundiced patients, neoadjuvant therapy and vascular resection

Reviewer code: 00052016

Science editor: Zhai, Huan-Huan

Date sent for review: 2013-12-16 18:10

Date reviewed: 2014-01-10 22:53

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	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"/> Existed	<input type="checkbox"/> High priority for publication
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COMMENTS TO AUTHORS

This manuscript is focusing on “perioperative management to improve outcome of pancreatic cancer. This study is very interesting, however, several issues should be considered before publication. Major 1. In the abstract, it is described this review is focused in the different perioperative management to improve the outcome of pancreatic cancer. There are three subtitles in the main text, such as preoperative biliary drainage, neo-adjuvant therapy, and vascular resection. However, there are other management, for instance intraoperative radiation therapy, standard or extend lymphadenectomy, and adjuvant chemotherapy. Why did author focus on only preoperative biliary drainage, neo-adjuvant therapy, and vascular resection? 2. All authors should declare any competing commercial, personal, political, intellectual, or religious interests in relation to this manuscript. Minor 1. In the introduction, it is describe that “A high percentage (85%) of diagnosed cases will dye which shows the virulent nature of this malignancy”. “dye” should be replaced with “die”. 2. In the table 3, “Stimeated survival” should be replaced by “Estimated survival”.