



PEER-REVIEW REPORT

Name of journal: *World Journal of Gastrointestinal Surgery*

Manuscript NO: 74171

Title: Application of omental interposition to reduce pancreatic fistula and related complications in pancreaticoduodenectomy: A propensity score-matched study

Provenance and peer review: Invited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 03739816

Position: Peer Reviewer

Academic degree: MBBS, MS

Professional title: Chief Doctor, Doctor, Research Scientist, Senior Lecturer, Senior Researcher, Surgeon

Reviewer's Country/Territory: India

Author's Country/Territory: China

Manuscript submission date: 2021-12-16

Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-12-23 02:18

Reviewer performed review: 2021-12-24 13:08

Review time: 1 Day and 10 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 Grade E: Do not publish
Language quality	<input type="checkbox"/> Grade A: Priority publishing <input checked="" 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 checked="" type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection



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Re-review	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Peer-reviewer statements	Peer-Review: <input type="checkbox"/> Anonymous <input checked="" type="checkbox"/> Onymous Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS

I thank author for this manuscript I think this is decent manuscript and should be accepted. Omental pad seems to be beneficial and should be explored further



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Reviewer's code: 03756484

Position: Peer Reviewer

Academic degree: MD

Professional title: Doctor

Reviewer's Country/Territory: France

Author's Country/Territory: China

Manuscript submission date: 2021-12-16

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Reviewer accepted review: 2022-01-14 07:50

Reviewer performed review: 2022-01-17 10:58

Review time: 3 Days and 3 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
Language quality	<input type="checkbox"/> Grade A: Priority publishing <input checked="" 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 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
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SPECIFIC COMMENTS TO AUTHORS

The topic of your original article is very interesting and very important to reduce severe complications after pancreaticoduodenectomy and particularly delayed postpancreatectomy hemorrhage. I have some comments and questions. 1/Is this study and observational study or "a case-control study" ? You compare the omental pad group to a control group and you perform a propensity score analyse but the number of cases in the "omental group" is twice as high to the "control group" which is the reverse of classical methodology (1/1 or 1/2). Furthermore in the statistical analysis, you describe a matching 1.1 ratio but how is it possible with the difference of number of patients in the two groups ? 2/ In the surgical technique, you describe a "duct to mucosa" end-to-side reconstruction : was that possible in all procedures, even if the main pancreatic duct was inferior to 3 mm ? I understood that gastrojejunostomy was antecolic : is that right ? 3/In the surgical technique, What was the type of drainage tube : suction drain or not ? and was the same at left and right ? 4/In the surgical technique, you specify that all patients underwent routine postoperative CT scan before extubation: does that mean that patients are ventilated several days after operation ? 5/ In the results, how did you manage the 9 patients with PPH : embolisation ?; stenting ?; reoperation ? 6/ One of the specificity of your technique is to elevate the position of HJ anastomosis to ease the pancreatic juice to flow to the left : In my experience, the HJ anastomosis is always lower than PJ anastomosis so the omental pad behind the HJ anastomosis must be very thickness ? could you precise how you do that ?



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Peer-review model: Single blind

Reviewer's code: 05527076

Position: Editorial Board

Academic degree: MD

Professional title: Associate Professor

Reviewer's Country/Territory: Israel

Author's Country/Territory: China

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Reviewer chosen by: AI Technique

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Reviewer performed review: 2022-01-22 15:17

Review time: 8 Days and 8 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
Language quality	<input type="checkbox"/> Grade A: Priority publishing <input checked="" 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 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
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SPECIFIC COMMENTS TO AUTHORS

General : The term "omental pad" is not so acceptable in the current literature. Instead, I would use "omental interposition", via the manuscript. Abstract: the groups should be briefly described, ex. "the patients were divided into two groups..." omental group (127, 64.8%) and a control group ("control group" in a scientific experiment is a group separated from the rest of the experiment, where the independent variable being tested cannot influence the results. In your study there are two study groups A with omental interposition and B without. Introduction: The abdominal irrigation to wash out of amylase rich fluid is not a standard practice in western institutions. This method may provoke criticism from the audience not familiar with this method. Please provide references, your national standards, institutional practices. The broad statement "According to our experience..." is not welcomed anymore in academic circles. Personally, I do acknowledge your experience and commend your work, but the abdominal washout you routinely perform should be explained in more details). "Extubation" - is not a suitable word for a drain removal. Please, replace with "removed"