

ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 4018

Title: Laparoscopic Versus Open Surgery for Solid Pseudopapillary Tumor of the Distal Pancreas

Reviewer code: 00043819

Science editor: Zhai, Huan-Huan

Date sent for review: 2013-06-08 18:33

Date reviewed: 2013-06-14 04:45

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

COMMENTS TO AUTHORS

The Authors compare outcome of patients with a rare disease, solid pseudopapillary tumors of the pancreas, who underwent laparoscopic pancreatectomy vs an historical group of patients who had undergone open pancreatectomy. Surgery included distal pancreatectomy with or without splenectomy and central pancreatectomy. Laparoscopic distal pancreatectomy resulted in faster postoperative stay whereas mortality, morbidity and long term results were similar in both groups. Moreover there was no difference in both early and late results after open or laparoscopic central pancreatectomy. The topic is interesting, and despite the rarity of this disease, the study includes a large series of patients. However, there are some limitations in the manuscript. 1) The main problem is the retrospective nature of the study that includes two different periods of time, and two types of operation: so, it is difficult to compare patients operated with different techniques and surgeons' preferences. 2) The number of patients operated with central pancreatectomy (n=8) is too small to draw any conclusion. I think the study should be limited to patients operated only with distal pancreatectomy (n= 29). 3) Long term functional results were evaluated only by simple clinical examination. However, more specific laboratory investigations could better evaluate exocrine (i.e., fecal elastase or chymotrypsin) and endocrine (oral glucose tolerance test) before and after operation. 4) It is unclear which operation (laparoscopic or open pancreatectomy) was performed for the patient who had a recurrent tumor and for the patient with liver metastasis and colon cancer. Did they receive chemotherapy?

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Title: Laparoscopic Versus Open Surgery for Solid Pseudopapillary Tumor of the Distal Pancreas

Reviewer code: 01220986

Science editor: Zhai, Huan-Huan

Date sent for review: 2013-06-08 18:33

Date reviewed: 2013-06-19 12:48

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)		BPG Search:	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)	<input type="checkbox"/> Grade D: rejected	<input type="checkbox"/> Existed	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

COMMENTS TO AUTHORS

Major comments: #1. Pancreatic SPT has already been reported in several journals, and the features of pancreatic SPT in diagnostic imaging and pathology are well known. Although the authors reported short-and long-term outcomes of laparoscopic versus open surgery for SPT arising from the distal pancreas, the clinical background and exclusion criteria of patients in this study are hard to understand. The authors should clarify the exclusion criteria. Did the authors select patients determined by only arising portion of SPT as exclusion criteria? #2. Was the lymph node dissection performed to the all patients in this study? Although the authors describe that all patients had negative surgical margin at final pathology, are there no infiltration to the adjacent organs? #3. Did the authors include one patient with SPT who had metastasis at the initial operation in this study? Did the authors indicate that "1 case of liver metastasis(Page8, Line2)" and "A 16 year-old female (Page8, Line27)" are same patient? If so, (perhaps this patient may have no recurrence in this study period), is there the necessity of including this patient to compare the outcome of laparoscopic versus open surgery for SPT? #4. In Discussion section, the authors specifically described the needle biopsy of the pancreatic SPT. In this study, the authors describe that 18 patients underwent laparoscopic pancreatectomy without biopsy. Nevertheless, there is the possibility of the tumor cell spread, needle biopsy was often performed to the patients. How many patients received preoperative needle biopsy in this study? Is there the necessity of needle biopsy in these patients? #5. The authors describe about the perineural invasion of SPT in Result section (Page8, line2) and the recurrence of SPT in Discussion section(Page11, line23-30). Did the authors examine the pathological malignant features of SPT reported in the previous studies[1]? According to the WHO, criteria that could distinguish potentially malignant tumors, classified as SPT carcinomas, included the following:

(1) perineural invasion, (2) angioinvasion, (3) deep invasion into the surrounding tissue, and (4) distant metastasis. Were the tumors classified as SPT carcinomas included in this study? [1] Kim CW, Han DJ, Kim J, Kim YH, Park JB, Kim SC. Solid pseudopapillary tumor of the pancreas: can malignancy be predicted? *Surgery*. 2011 May;149(5):625-34. #6. Did the SPT with 57-year-old female with recurrence have the pathological malignant features as a solid pseudopapillary carcinoma? Was she one of the five cases with perineural invasions? Please describe the pathological result of this patient. Minor comments: #1. LDP (Page4, line18)" is an abbreviated word. The authors should clarify the phrase "LDP" in the first enrollment of the literature. #2. What type of operating method was performed in patient experienced recurrence (Page8, line25)? LDP or ODP? Was the peritoneal recurrence site of this tumor resected by open tumorectomy(Page8, line26)? The authors should clarify the operating method. #3. Was the 16-year female treated by ODP (Page8, line30)? The authors should clarify the operating method.

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ESPS Manuscript NO: 4018

Title: Laparoscopic Versus Open Surgery for Solid Pseudopapillary Tumor of the Distal Pancreas

Reviewer code: 00075352

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

They would describe in which patients performed and why,pancreaticojejunostomy vs pancreaticogastrostomy.