ESPS Peer-review Report
Name of Journal: World Journal of Gastroenterology
ESPS Manuscript NO: 3920
Title: Risk factors to predict severe postoperative pancreatic fistula following gastrectomy for gastric cancer
Reviewer code: 01557283
Science editor: Wang, Jin-Lei
Date sent for review: 2013-06-02 23:06
Date reviewed: 2013-06-08 10:52

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
[ ] Grade A (Excellent)	[ ] Grade A: Priority Publishing	Google Search:	[ ] Accept
[ ] Grade B (Very good)	[Y] Grade B: minor language polishing	[ ] Existed	[ ] High priority for
[Y] Grade C (Good)	[ ] Grade C: a great deal of	[ ] No records	publication
[ ] Grade D (Fair)	language polishing	BPG Search:	[ ] Rejection
[ ] Grade E (Poor)	[ ] Grade D: rejected	[ ] Existed	[ ] Minor revision
		[ ] No records	[Y] Major revision

COMMENTS TO AUTHORS

The present study reported by Dr. KOMATSU et al. investigated the risk factors of POPF according to the ISGPF after gastrectomy in a large number of patients with gastric cancer. They newly found that the lower lymphocyte count at the diagnosis of POPF was significantly associated with POPF. The article was nicely summarized but some modifications may improve the importance of the article. Major comments: One of the important comments was that the lower lymphocyte count at the diagnosis of POPF does not seem predictive but natural. Indeed, lymphocyte count naturally decreases in patients with high grade complications. Was not the lymphocyte count before gastrectomy associated with POPF? In the Table 2 the authors divided into two groups at 1400/mm3 of the lymphocyte count before gastrectomy, and they also divided into two groups at 1400/mm3 after gastrectomy. The cut-off values before as well as after gastrectomy do not seem appropriate. The authors should show p-values of the ROC curve concerning pre- and post-operative lymphocyte counts in their point-by-point responses. The Table 3 summarized the factors associated with POPF. Further information may be needed, e.g., sex, reconstruction methods, preoperative co-morbidity, drain-amylase value on the Post-Operative-Day 1, etc. In addition, were not there any patients undergoing laparoscopic gastrectomy in the present study? As shown above, the authors should make an effort to find additional predictive risk factors of POPF in their data base. The authors may need to show the incidences of anastomotic leak, intra-abdominal abscess, and other severe complications of Grade 3a or greater according to the Dindo-Clavien classification. Because the authors showed an important report of POPF after gastrectomy, they may have a nice chance to review recent articles concerning POPF after gastrectomy as below. Authors No. of cases Incidence

of PF (Grade B or C) Risk Factors of PF   Miyai, et al1 277 4% Age, D-Amylase on POD1, Retrieved lymph nodes, BMI, operative time   Miki et al2 104 22% sex, body mass index, D-Amylase on POD1 Jiang et al3 798 4.5% sex, BMI, intraoperative blood loss Nobuoka, et al4 740 18% BMI, pancreaticosplenectomy   References: 1. Miyai H, Hara M, Hayakawa T, et al: Establishment of a simple predictive scoring system for pancreatic fistula after laparoscopy-assisted gastrectomy. Dig Endosc, 2013   2. Miki Y, Tokunaga M, Bando E, et al: Evaluation of postoperative pancreatic fistula after total gastrectomy with D2 lymphadenectomy by ISGPF classification. J Gastrointest Surg 15:1969-76, 2011   3. Jiang X, Hiki N, Nunobe S, et al: Postoperative pancreatic fistula and the risk factors of laparoscopy-assisted distal gastrectomy for early gastric cancer. Ann Surg Oncol 19:115-21, 2012   4. Nobuoka D, Gotohda N, Konishi M, et al: Prevention of postoperative pancreatic fistula after total gastrectomy. World J Surg 32:2261-6, 2008

ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 3920

Title: Risk factors to predict severe postoperative pancreatic fistula following gastrectomy for gastric cancer

Reviewer code: 01503696

Science editor: Wang, Jin-Lei

Date sent for review: 2013-06-02 23:06

Date reviewed: 2013-06-13 18:02

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
[ ] Grade A (Excellent)	[ ] Grade A: Priority Publishing	Google Search:	[ ] Accept
[ ] Grade B (Very good)	[ ] Grade B: minor language polishing	[ ] Existed	[ ] High priority for publication
[ ] Grade C (Good)	[ ] Grade C: a great deal of	[ ] No records	
[ ] Grade D (Fair)	language polishing	BPG Search:	[Y] Rejection
[Y] Grade E (Poor)	[Y] Grade D: rejected	[ ] Existed	[ ] Minor revision
		[ ] No records	[ ] Major revision

COMMENTS TO AUTHORS

Post-operative pancreatic fistula (POPF) is a clinically important issue in gastric cancer surgery. It has a value to identify risk factors for POPF. Komatsu and colleague tried to identify risk factors in patients who were diagnosed with Grade B or Grade C POPF, and found that Grade B or C was significantly correlated with treatment duration.   The aim of the study is clear but the method is not appropriate. Authors seem to be interested in the treatment duration and performed correlation analysis. However, the result is not surprising because Grade B or Grade C is determined by considering the treatment duration itself. Only interesting point is that age and lymphocyte count were significant independent risk factors for Grade C. However, age and lymphocyte count were not correlated with treatment duration.

ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 3920

Title: Risk factors to predict severe postoperative pancreatic fistula following gastrectomy for gastric cancer

Reviewer code: 00058054

Science editor: Wang, Jin-Lei

Date sent for review: 2013-06-02 23:06

Date reviewed: 2013-06-26 17:27

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
[ ] Grade A (Excellent)	[ ] Grade A: Priority Publishing	Google Search:	[ ] Accept
[Y] Grade B (Very good)	[Y] Grade B: minor language polishing	[ ] Existed	[ ] High priority for
[ ] Grade C (Good)	[ ] Grade C: a great deal of	[ ] No records	publication
[ ] Grade D (Fair)	language polishing	BPG Search:	[ ]Rejection
[ ] Grade E (Poor)	[ ] Grade D: rejected	[ ] Existed	[Y] Minor revision
		[ ] No records	[ ] Major revision

COMMENTS TO AUTHORS

In this manuscript, authors have analyzed the clinical data of patients with POPF following gastrectomy for gastric cancer, retrospectively. Authors concluded that ISGPF classification was applicable to POPF as a complication of gastrectomy and lower lymphocyte counts at the diagnosis of POPF was the independent risk factor of Grade C POPF. Basically, this paper is well written and the results are interesting for readers, however, several issues should be clarified. 1. As authors mentioned, a low lymphocyte count is changeable by the timing of diagnosis of POPF. Therefore, it seems not to be a cause but to be a result of severe POPF. How should we use this factor to prevent severe POPF? Please discuss in Discussion section. 2. Authors should explain intensive POPF treatments in detail.