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ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 4854

Title: Pancreatic head adenocarcinoma with portal or superior mesenteric vein invasion: the suitable length of venous resection

Reviewer code: 02445571

Science editor: Qi, Yuan

Date sent for review: 2013-07-29 17:17

Date reviewed: 2013-08-11 21:06

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)		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

The overall contents are interesting with clinical significance. However, the data were organized poorly with many English mistakes. The data from Whipple procedure only group should be included in tables to compare with SM-PVR groups, in particular for the parameters of time to progress or recurrence and overall survival time. In particular, the comparison of overall survival time between Whipples only and Whipples plus SM-PVR group. The manuscript should attract more readers after revision and re-editing.



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ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 4854

Title: Pancreatic head adenocarcinoma with portal or superior mesenteric vein invasion: the suitable length of venous resection

Reviewer code: 02445547

Science editor: Qi, Yuan

Date sent for review: 2013-07-29 17:17

Date reviewed: 2013-08-21 13:38

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 checked="" type="checkbox"/> Grade C: a great deal of language polishing	<input type="checkbox"/> No records	<input type="checkbox"/> Rejection
<input checked="" 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

Dear Authors Congratulations on drafting this retrospective study. This is a good theme but poorly written script. Please improve the manuscript for any chance of consideration of re-review. Below are my comments, cannot be comprehensive as whole manuscript needs a relook at language/grammar. But some of them....

1. Abstract - Background -- 'always infiltrates' - This is wrong. 'can infiltrate' if correct. Second sentence - 'IS usually performed'.
2. Abstract - Methods - Please make it clear that this is a retrospective study.
3. Abstract - Conclusion - First statement - "when..." is wrong grammar. Amend it.
4. Key words - 'classic'. All along in manuscript it is 'whipple operation'.. Omit the word 'classic' from key words. The word 'length of vein resection' is inappropriate as key word. It should be 'vein resection'.
5. Introduction - First statement - 'Greatly malignant'.... There is nothing like 'greatly malignant'. It is either malignant or benign. Amend this. There are many such ammends all along the manuscript. Double check the grammar / language with some professional if need be please.
6. Introduction -- short form SM-PVR is mentioned before the long form - portal-superior mesenteric vein resection. This is very wrong. It is common and basic understanding that a short form must be mentioned in brackets along with long form at its first usage separately in abstract and main manuscript. Only after this the short form can be used along the draft.
7. Introduction - last second line 'clarity' should be 'clarify'.
8. There are many grammar errors in the manuscript further all along the manuscript and i would not mention these further to keep me review as a 'surgeon' rather than a 'language' review. It is responsibility of authors to recheck the manuscript.
9. Methods - clarify instituional policy when ERCP was done and when MRCP was done, when BOTH were done. (second paragraph in method section)
10. Clafiy why would you exclude (1) pts with tangential



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resection. (2) adjuvant chemp/chemoradiotherapy. (3) elaborate on exclusion of patients with previous unsuccessful attempt at pancreatectomy. Why was attempt unsuccessful. Usage of neo-adjuvant chemotherapy? Clarify further please. 11. 'Cystic gall duct' should be phrased as 'cystic duct'. 12. LMWH was not used after venous resection. What about deep vein thrombosis prophylaxis? 13. Results - second paragraph. Haemorrhage occurred in 3 patients. It is not clear if authors have described all three patients or just described 2 patients. 14. Group 1 - with vein resection, n=48. Group 2 - without vein resection, n=60. Later instead of subgroup analysis, again terms group 3 and group 4 are introduced. These basically should be subgroups of group 1. There is added confusion when group 3+4 = 58 while group 1 = 48 patients. 15. Last second paragraph of your manuscript - 'disease free resection'. This is inappropriate term. I am happy to review this manuscript again after polishing. Thanks