

ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 3464

Title: Stapled gastro/duodenojejunostomy shortens reconstruction time during pancreaticoduodenectomy without affecting the incidence of delayed gastric emptying

Reviewer code: 00077501

Science editor: Wang, Jin-Lei

Date sent for review: 2013-05-03 14:19

Date reviewed: 2013-05-04 00:36

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A (Excellent)	<input type="checkbox"/> Grade A: Priority Publishing	Google Search:	<input checked="" type="checkbox"/> Accept
<input checked="" 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 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

well written manuscript. I agree with the need for more patients and look forward to seeing a f/u study with cost analysis.

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Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 3464

Title: Stapled gastro/duodenojejunostomy shortens reconstruction time during pancreaticoduodenectomy without affecting the incidence of delayed gastric emptying

Reviewer code: 02458999

Science editor: Wang, Jin-Lei

Date sent for review: 2013-05-03 14:19

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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

Dear authors, Today, I'm very glad to read your paper. The study is very interesting and only scarce author reported the method in Japan. However, there are some questions which I want to ask. No1, in the part of abstract and methods, you said that the patients with pylorus-preserving pancreaticoduodenectomy (PpPD) were included in the study, and patients who underwent classicalpancreaticoduodenectomy (Whipple operation), subtotal stomach-preserving pancreaticoduodenectomy (SSPPD), and laparoscopy-assisted pancreaticoduodenectomy were excluded from this study. So the title may be inappropriate. No2, In table 1- Patient characteristics in the stapled anastomosis group and hand-sewn anastomosis group. I think that the basic characteristics should include the ASA, comorbidities, previous history of abdominal surgery which can effect the operation outcomes. No3, About the total operative time, there is no significant difference, but the reconstruction time is shorter in Stapled anastomosis group. Moreover, hand-sewn anastomosis group had more intraoperative blood loss than the stapled anastomosis group, there is a huge difference(391 ± 212.3 vs 647.1 ± 482.1). How to explain? No4, Although delayed gastric emptying is more important postoperative complications, but the pancreatic fistula and other complications are also important in PpPD. So in the result part, you should describe the postoperative complications with detailed words. No5, As you said, DGE was seen in 1 patient (5.3%) in the stapled anastomosis group and in 3 patients (15.8%) in the hand-sewn anastomosis group (not significant). However, how much Grade A or B or C in the two groups? No6, In the title, the operation is stapled gastro/duodenojejunostomy, is it the proportion in two groups respectively? So these are my questions, but to sum up, the study is good.

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Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 3464

Title: Stapled gastro/duodenojejunostomy shortens reconstruction time during pancreaticoduodenectomy without affecting the incidence of delayed gastric emptying

Reviewer code: 02441213

Science editor: Wang, Jin-Lei

Date sent for review: 2013-05-03 14:19

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

COMMENTS TO AUTHORS

I am very glad to review this manuscript. First of all, in esophageal, gastric and colonic surgery, stapled anastomosis is quite common. As stapled anastomosis is safe, needs shorter time, and maintains cleaner in the surgical field, many surgeons make anastomosis of the alimentary tract by using staplers rather than hand stitch. Although the reliability of stapled anastomosis has been already established in almost all types of digestive surgery, the application of staplers for reconstruction of the alimentary tract still remains uncommon in pylorus-preserving pancreaticoduodenectomy (PpPD). Therefore, we require any information on the safety and efficacy of stapled duodeno- or gastrojejunostomy following PpPD. Under this background, we would like to accumulate any evidence on stapled anastomosis if this has limited significance. The submitted manuscript could be welcome to this journal in this point of view. However, the manuscript do not include any new result. The results derived from the present retrospective and small-size study are equal to those of the previous study (reference 5 and 6). What kind of clinical questions did the authors have? What did they want to newly elucidate on stapled anastomosis following PpPD by the present retrospective and small-size study? Both are unclear in the manuscript. I fear that readers of the manuscript will not find anything. I recommend that the authors have to have a clear objective for the present study and submit new manuscript again.