

ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 8323

Title: Novel diagnostics for aggravating pancreatic fistulas at the acute phase after pancreatectomy

Reviewer code: 00033012

Science editor: Gou, Su-Xin

Date sent for review: 2013-12-26 09:29

Date reviewed: 2013-12-28 01:26

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A (Excellent)	<input type="checkbox"/> Grade A: Priority Publishing	Google Search:	<input type="checkbox"/> [Y] Accept
<input type="checkbox"/> [Y] Grade B (Very good)	<input type="checkbox"/> [Y] 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

This retrospective study identifies an increase in CRP as a good marker for predicting an aggravation of a postoperative pancreatic fistula. While they have a risk score, the CRP rise on POD 3 by itself seem to have better ROC characteristics. Overall a very interesting study done from a retrospective data set. A bit more discussion about amylase level in the drain other known risk factors for development of POPF (pluses and minuses of each factor) and the specific advantage of increase in CRP should a separate paragraph in the discussion. I would suggest the c following changes. 1. "Sensitive diagnostic factors of clinically-relevant POPF are urgently needed to identify high-risk patients and strengthen measures aimed at preventing aggravation of POPFs." Delete "urgent". 2. In terms of monitoring inflammation, measurement of the white blood cell (WBC) count, neutrophil count, total lymphocyte count (TLC), C-reactive protein (CRP) level, procalcitonin level, as well as looking for the scaleic inflammatory response syndrome (SIRS) . What does scaleic mean? SIRS is systemic inflammatory response syndrome. 3. "First- or second-generation cephem antibiotics". Change to cephalosporin 4. "Sensitivity, specificity, positive predictive value, negative predictive value, likelihood ratio of positive result and likelihood ratio of negative result of four potent factors; CRP level on POD 3, increased elevation of CRP level from POD 1 to 3, drain amylase content on POD 3 and the risk score, were listed in Table 4. Change to important factors 5. In addition, clinically-relevant POPFs can lead to an increased risk of peritoneal recurrences [10]. What kind of peritoneal recurrences, clarify please. 6. "Elevation of the CRP level from POD 1 to POD 3 was found to be an independent risk factor for clinically-relevant POPFs with the largest OR, suggesting that it was the most sensitive diagnostic factor of a subsequent clinically-relevant POPF." Change OR to odds ratio. 7."Patients with cancer of the pancreatic head have been reported to be at less risk of



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POPFs due to concomitant pancreatitis, which involves sclerolytosis and dilatation of the main pancreatic duct in the caudal pancreas[30, 31]. Conversely, invasive carcinoma of the pancreas was identified as a risk factor of aggravated POPFs in the present study.” I do not understand what the authors want to say here. Not sure this adds much at all to the paper, consider eliminating. 8. “In patients with continuous elevation of the CRP level or a high risk score, assessment of the clinical state of the patient by physical examinations and computed tomography CT, and cultivation test of drainage fluids should be considered to prepare for further aggravation of POPFs.” Consider change to “In patients with continuous elevation of the CRP level or a high risk score, frequent physical assessment, a computed tomography, and culture of drainage fluids may be considered to allow early management of aggravation of POPFs”. 9: “Our results would be more suggestive in clinical practice due to specialization in clinically-relevant POPF at the earlier time point.” Consider “ Our results would apply better to clinical practice due to the focus of clinically relevant POPF at an earlier time point.”

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Title: Novel diagnostics for aggravating pancreatic fistulas at the acute phase after pancreatectomy

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

COMMENTS TO AUTHORS

The author should clarify the following points: -Is there any role of lipase in the assessment of prognosis of pancreatic fistula? -What about the effects of DM, insulin resistance, dyslipidemia and hypercalcemia On the prognosis? -What about the role of imaging (US, MRCP) for assessment of pancreatic fistula?