

ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 7613

Title: Follow-up of patients with chronic pancreatitis and solid pancreatic mass lesions: outcome and surveillance

Reviewer code: 02549719

Science editor: Wen, Ling-Ling

Date sent for review: 2013-11-30 11:46

Date reviewed: 2014-01-03 01:25

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

This is an interesting retrospective analysis of patients with pseudotumoral lesions in the context of chronic pancreatitis. The results are alarming. The authors show that over 20% of the patients were suffering from adenocarcinoma. This observation is alarming. Therefore I do not agree with the conclusion of the authors. I think observation is not an option. In case of a pseudotumoral lesion resection should be recommended. I think the data of the authors clearly demonstrate this. The conclusions should be modified accordingly as there is no proof, that a modification of the interval of observation will lead to an decreased incidence of cancer in these patients.

ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 7613

Title: Follow-up of patients with chronic pancreatitis and solid pancreatic mass lesions: outcome and surveillance

Reviewer code: 02731507

Science editor: Wen, Ling-Ling

Date sent for review: 2013-11-30 11:46

Date reviewed: 2014-01-10 16:05

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

COMMENTS TO AUTHORS

Dr. Ignacio and colleagues performed a single center retrospective study, trying to determine the outcomes of patients with chronic pancreatitis (CP), comparing with those with pseudotumoral phenotype (PT). They found that patients with PT frequently had pancreatic cancer diagnosed within one month of PT detection. Overall, the study is not very convincing, since the diagnostic criteria for CP were somewhat vague, while the event number is also low. The follow-up strategies were also of question. My comments are as below: Major comments 1. The authors stated that a total of 35 patients with CP and solid pancreatic masses were included in the current study, with only 25.7% PT identified. However, they did not specify what the other solid lesions are, which could also be pancreatic cancer if not rigorously evaluated. 2. How did the authors define follow up strategy in the current study? Patients with CP but no solid masses during initial survey might receive comparatively lower degree of medical attention as those with CP and PT, leading to their underdiagnosis of pancreatic cancer. 3. The authors needed to provide sample radiologic images and/or pathologic findings in the result section, for the readers to judge the consistency of their PT and CP diagnoses. 4. No comparison could be made between patients with CP (but no PT) and those with CP/PT. However, the authors might consider to analyze the difference between patients with CP/PT and subsequent pancreatic cancer, and those without CP/PT but no pancreatic cancer. 5. Since K-ras mutation has been found to be of utility in differentiating PT and pancreatic cancer during endoscopic fine needle aspiration/biopsy, absence of this factor makes the authors' claim less appealing. That is, those with CP/PT receiving biopsy might obtain their pancreatic cancer diagnosis earlier in the current era, instead of waiting for one month. 6. Several references could not be found in



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the public database (ex. No.8), and some even had inconsistent page numbers and authors. Minor comments 1. English polishing is needed for better understanding of the authors' intent.

ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 7613

Title: Follow-up of patients with chronic pancreatitis and solid pancreatic mass lesions: outcome and surveillance

Reviewer code: 00068404

Science editor: Wen, Ling-Ling

Date sent for review: 2013-11-30 11:46

Date reviewed: 2014-01-12 19:45

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)	<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

The retrospective study show a conclusion that pseudotumoral chronic pancreatitis should lead a close surveillance program for pancreatic cancer with EUS in less than 1 month. EUS can miss malignancy in nearly 25% of patients with pseudotumoral chronic pancreatitis. The research show a valuable conclusions for clinician.

ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 7613

Title: Follow-up of patients with chronic pancreatitis and solid pancreatic mass lesions: outcome and surveillance

Reviewer code: 02860766

Science editor: Wen, Ling-Ling

Date sent for review: 2013-11-30 11:46

Date reviewed: 2014-01-19 04:26

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

COMMENTS TO AUTHORS

-Small sample size (it needs larger number of patients) -It is better to be prospective study. -What about the role of tumour markers (CA 19-9) in the follow up?? -What about the aetiology of chronic pancreatitis, does it make a difference or not?? -what about DM, does it have a role in the prognosis? -do you recommend follow up by EUS only or by EUS and FNAC?? At what intervals??

ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 7613

Title: Follow-up of patients with chronic pancreatitis and solid pancreatic mass lesions: outcome and surveillance

Reviewer code: 02457523

Science editor: Wen, Ling-Ling

Date sent for review: 2013-11-30 11:46

Date reviewed: 2014-01-19 21:34

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 type="checkbox"/> Rejection
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<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

In the manuscript "Follow-up of patients with chronic pancreatitis and solid pancreatic mass lesions: outcome and surveillance" by Dr. Ignacio and colleagues, the authors summarized that the detection of pseudotumoral chronic pancreatitis should lead a close surveillance program for pancreatic cancer with EUS in less than 1 month. EUS can miss malignancy in nearly 25% of patients with pseudotumoral chronic pancreatitis. This study appears thus valuable, is however also challenging. The following comments to the present draft should be taken into consideration. 1.The diagnostic criteria for CP were not mentioned and the number of included cases was low. 2.The follow up strategy in the study was not mentioned. 3.What was the difference of characteristics in different group patients? 4.Please revised the paper writing style according to the intruction to author. Such as write in Book Antiqua. Please re-edit the reference.