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ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 6357

Title: Concomitant Pancreatic Adenocarcinoma in a Patient with Branch-Duct Intraductal Papillary Mucinous Neoplasm - Surveying the Pancreas

Reviewer code: 00057807

Science editor: Cui, Xue-Mei

Date sent for review: 2013-10-16 09:43

Date reviewed: 2013-11-06 14:44

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

In the two cases, endosonographers were preferable to CT and MRI in surveillance of pancreatic adenocarcinoma from BD-IPMN. However, it is still hard for us to choose which cyst to take a FNA if EUS finds some cysts which are <2cm with no worrisome features in clinical practice.



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Title: Concomitant Pancreatic Adenocarcinoma in a Patient with Branch-Duct Intraductal Papillary Mucinous Neoplasm - Surveying the Pancreas

Reviewer code: 01047575

Science editor: Cui, Xue-Mei

Date sent for review: 2013-10-16 09:43

Date reviewed: 2013-11-30 15:38

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A (Excellent)	<input checked="" type="checkbox"/> Grade A: Priority Publishing	Google Search:	<input checked="" 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 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 case-report study discussed the topic of IPMN-concomitant pancreatic adenocarcinoma, which is very significant in clinics. The manuscript is well written. However, i have a question about case 2. Case 2 is a patient with BD-IPMN with markedly atypical cells worrisome for malignancy. According to current guidelines, BD-IPMN measuring <2cm are followed with MRI or CT, with EUS being used for larger cysts or those with worrisome features. Therefore, i think this patient should be surveilled with EUS. But he underwent routine transabdominal surveillance of the remnant pancreas with a combination of CT and MR imaging at 6-monthly intervals in the study. At last, a 1.4cm mass was visualized by EUS 5 years later and metastatic pancreatic adenocarcinoma was confirmed in the lung on biopsy. Therefore, we have very reason to consider that the method of examination during surveillance is not very suitable.