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ESPS Peer-review Report
Name of Journal: World Journal of Gastroenterology
ESPS Manuscript NO: 7393
Title: Pathology of Pancreatic Ductal Adenocarcinoma: Facts, Challenges and Future Developments
Reviewer code: 01557573
Science editor: Gou, Su-Xin
Date sent for review: 2013-11-16 16:32
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CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
[ ] Grade A (Excellent)	[ ] Grade A: Priority Publishing	Google Search:	[ ] Accept
[ ] Grade B (Very good)	[Y] Grade B: minor language polishing	[ ] Existed	[ ] High priority for publication
[Y] Grade C (Good)	[ ] Grade C: a great deal of language polishing	[ ] No records	
[ ] Grade D (Fair)	[ ] Grade D: rejected	BPG Search:	[ ]Rejection
[ ] Grade E (Poor)		[ ] Existed	[Y] Minor revision
		[ ] No records	[ ] Major revision

COMMENTS TO AUTHORS

Pancreatic carcinoma remains one of the most lethal cancer type, its prognosis is so poor that the mortality is almost as same as the incidence. Currently, the most practical way to achieve a better prognosis is early diagnosis and the following curative resection. This manuscript reviews some very important issues that relevant to the points, including the pre-cancerous lesions, standardized pathological reporting regime and subtypes based on the genetic profiles. The language is good except sporadic mistakes. Clinicians, esp. pancreatic surgeons can obtain useful information from this manuscript.

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ESPS Peer-review Report
Name of Journal: World Journal of Gastroenterology
ESPS Manuscript NO: 7393
Title: Pathology of Pancreatic Ductal Adenocarcinoma: Facts, Challenges and Future Developments
Reviewer code: 01734797
Science editor: Gou, Su-Xin
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CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
[ ] Grade A (Excellent)	[Y] Grade A: Priority Publishing	Google Search:	[ ] Accept
[Y] Grade B (Very good)	[ ] Grade B: minor language polishing	[ ] Existed	[Y] High priority for publication
[ ] Grade C (Good)	[ ] Grade C: a great deal of language polishing	[ ] No records	
[ ] Grade D (Fair)		BPG Search:	[ ]Rejection
[ ] Grade E (Poor)	[ ] Grade D: rejected	[ ] Existed	[ ] Minor revision
		[ ] No records	[ ] Major revision

COMMENTS TO AUTHORS

The authors described an importance of pathological point of view at the interface between basic research and clinical management of pancreatic cancer. They raised three points: understanding precursor lesions, atypical flat lesions, evaluating whether R0 or R1 resection by axial slicing technique, and understanding three molecular subtypes of pancreatic ductal adenocarcinoma. This might be a useful review for both, basic researchers and clinical physicians and surgeons, to tackle the difficult cancer from a bit new, different perspectives. In the discussion of precursor lesions, the authors mentioned about IPMN and its genetic alteration, "the presence of KRAS mutations as common characteristics of PDAC precursors." However, it is known that gastric subtype IPMN, which is mostly low-grade, has more frequent KRAS mutation than intestinal subtype IPMN, which is frequently high-grade or sometimes IPMC. Moreover, branch duct IPMN patients (most of them are low-grade gastric subtype) frequently have PDAC at the distinct area in the same pancreas. Therefore, the relationship of IPMN and PDAC is not so simple. The authors should have comments on this. The authors mentioned about three molecular subtypes of PDAC, classical, quasi-mesenchymal, and exocrine-like subtypes. They discussed differences between the classical and quasi-mesenchymal subtypes, but not exocrine-like subtype at all. The authors should explain a little more about the exocrine-like subtype for readers to understand.