

## ESPS PEER REVIEW REPORT

**Name of journal:** World Journal of Gastroenterology

**ESPS manuscript NO:** 9805

**Title:** Will Necrosectomy Be an Obsolete Procedure for the Management of Infected Necrotizing Pancreatitis? Is a paradigm shift needed?

**Reviewer code:** 00037961

**Science editor:** Ya-Juan Ma

**Date sent for review:** 2014-03-01 18:56

**Date reviewed:** 2014-03-27 23:40

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"/> Existing	<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"/> Existing	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

## COMMENTS TO AUTHORS

This is a survey data of NP published after 2000. The results are cited in four Tables listed in the manuscript. The author claims that TEN with drainage improves the outcome on morbidity. This has to be demonstrated in a clear outlined fashion with many of major publication of the field and provided with a clear summary. Please rearrange the abstract, Methods used and Results citing directly the listed Tables and finally with a clear summary and conclusions. The current version of the manuscript needs to be organized in a manner so that the message of this procedure clearly reflects it to the audience. I strongly recommend proper editing of the manuscript with the suggestions provided. The manuscript appears to sound like a debate on the issues. If that is the intent it should be submitted as a short report. For a review article more details will be required. For clarity, I will recommend a revised title of the manuscript.

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**Title:** Will Necrosectomy Be an Obsolete Procedure for the Management of Infected Necrotizing Pancreatitis? Is a paradigm shift needed?

**Reviewer code:** 00052607

**Science editor:** Ya-Juan Ma

**Date sent for review:** 2014-03-01 18:56

**Date reviewed:** 2014-04-02 16:19

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"/> Existing	<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 checked="" 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"/> Existing	<input checked="" type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

## COMMENTS TO AUTHORS

The main point of discussion in this paper is good and reasonable. However, as a topic highlight review paper, the author should do discussion starting with the pathphysiology of severe acute pancreatitis (for example, pancreatitis itself, infection, SIRS) and, on top of that, should discuss how the changing of the therapeutic concept in each era is related to the developments of new technology, drugs and methods adapting to the treatment of the pathphysiology. After and on those discussions, recent paradigm shift of the treatment of severe pancreatitis should be described.

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**ESPS manuscript NO:** 9805

**Title:** Will Necrosectomy Be an Obsolete Procedure for the Management of Infected Necrotizing Pancreatitis? Is a paradigm shift needed?

**Reviewer code:** 00051235

**Science editor:** Ya-Juan Ma

**Date sent for review:** 2014-03-01 18:56

**Date reviewed:** 2014-04-10 01:23

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"/> Existing	<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"/> Existing	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

## COMMENTS TO AUTHORS

The goal of this review appears to be to show the progress towards minimally invasive techniques in place of open necrosectomy. The discussion of various techniques beginning on page 12 is good, but the introduction of the paper requires revision. Specifically: 1. The title should be changed to reflect that only "open surgical necrosectomy" faces obsolescence, since the endoscopic and laparoscopic techniques which are now becoming standard still include removal of necrosus from pancreatic fluid collections. 2. The historical introduction is colorful but it is introduced rather abruptly and can likely be trimmed down in favor of an overview of pancreatic necrosis itself. 3. The introduction section should make clear whether early or delayed debridement is being discussed. 4. The sections on historic dogmas and the 2012 consensus conference are not introduced and disturb the flow of the paper. 5. Since this is a topic review, the "Methods" section on page 10 is unnecessary and confusing. 6. It would be helpful to describe the patient populations in tables 1-4. Are the patients treated with surgery comparable to the less invasive approaches? 7. When discussing the role of percutaneous approach, introduce the concept of disconnected duct syndrome and the risk of fistulas and recurrence of fluid collections. Surgery may play a greater role here.

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**Reviewer code:** 00503540

**Science editor:** Ya-Juan Ma

**Date sent for review:** 2014-03-01 18:56

**Date reviewed:** 2014-06-04 09:40

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"/> Existing	<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"/> Existing	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

## COMMENTS TO AUTHORS

A good review.

## ESPS PEER REVIEW REPORT

**Name of journal:** World Journal of Gastroenterology

**ESPS manuscript NO:** 9805

**Title:** Will Necrosectomy Be an Obsolete Procedure for the Management of Infected Necrotizing Pancreatitis? Is a paradigm shift needed?

**Reviewer code:** 00069105

**Science editor:** Ya-Juan Ma

**Date sent for review:** 2014-03-01 18:56

**Date reviewed:** 2014-06-11 20:01

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"/> Existing	<input type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C: Good	<input checked="" type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> No records	<input type="checkbox"/> Rejection
<input checked="" 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"/> Existing	<input checked="" type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

## COMMENTS TO AUTHORS

The idea of the topic is very interesting but I think that many changes should be done to accept the paper. I think that you have worked a lot but sometimes paper is confusing Suggested changes: 1. Abstract: I think that you have to re-write the abstract to give readers a more clear idea that you are talking about. 2. Key words: I think that is walled-off no wall off. I think that you could choose other key words that define better the paper. 3. Introduction: I think that the dispute between senn an Fitz is interesting but it is too long. You should resume or take out. Names of surgeons are Bradley and Warshaw. 4. purpose: the idea of making questions is nice but you have to answer at the end of the paper. 5. Data Colection. when you make a review you have to defien clearly your bibliographical search. CONSORT and QUORUM guidelines define how to do a search. This is crucial when you are writing a review. 6. Data Collection: a more clear definition of parameters should be done 7. Outcomes: The information given by tables should be explained better. Series mixed necrotizing pancreatitis and WOPN. This point is crucial and should be reviewed. This is the more important part of the paper and should be re-written 8. Discussion: in first paragraph, your explanation about pathophysiology is nice but I think that could be erased. Second paragraph is a nice historical review but should be rewritten or become a table. In next paragraphs some ideas are mixed. You have to say name of consensus conference not only year. The msot frequqent short for walled off is WOPN not WON. You say that some series show that non surgical treatment is



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possible but there is no references. In the middle of explanations about infected necrosis you talk about non infected necrosis. I do not agree that WOPN has sugical indication. Only when transgastric necrosectomy fails. The topic about MI necrosectomy is nice. Paragraph about drain seems that you are going to talk only about PCD but you talk about endoscopic drainages The last topic (surgery) is confusing, you talk about duct syndrome and I think that is a nice topic but not only a problem of surgery

Resuming good topic and idea but I think that many changes should be done.

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**Title:** Will Necrosectomy Be an Obsolete Procedure for the Management of Infected Necrotizing Pancreatitis? Is a paradigm shift needed?

**Reviewer code:** 00057544

**Science editor:** Ya-Juan Ma

**Date sent for review:** 2014-03-01 18:56

**Date reviewed:** 2014-06-15 04:19

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"/> Existing	<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
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## COMMENTS TO AUTHORS

The present paper of Yu-Chung Chang "Will Necrosectomy Be Obsolete for Infected Necrotizing Pancreatitis? A paradigm shift needed?" examines the data of historical and modern scientific literature regarding the role of necrosectomy in necrotizing pancreatitis. The weak points of this work were already improved and adapted according to recommendations of three reviewers. Additionally, we propose that Yu-Chung Chang should not ignore the single-center experience from Massachusetts General Hospital Division of General Surgery where open necrosectomy was associated with a relatively low mortality rate (hospital mortality 8.8%) and should discuss it. Unfortunately, the small number of randomized studies in this area does not allow to test the hypothesis of this paper on a high academic level. The main message of recent publications that new studies with large patients number are needed (2). Nevertheless, this review could induce further discussion and further studies in patients with necrotizing pancreatitis. We think that this work should be accepted for publication with additional discussion of the paper of Madenci and colleagues. 1. Madenci AL1, Michailidou M1, Chiou G1, Thabet A2, Fernández-Del Castillo C1, Fagenholz PJ3. A contemporary series of patients undergoing open debridement for necrotizing pancreatitis. Am J Surg. 2014 Mar 26. 2. Rana SS1, Bhasin DK1, Rao C1, Sharma R1, Gupta R2. Comparative evaluation of structural and functional changes in pancreas after endoscopic and surgical management of pancreatic necrosis. Ann Gastroenterol. 2014;27(2):162-166.