

ESPS Peer-review Report
Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 10177

Title: Analysis of risk factors for postoperative pancreatic fistula following pancreaticoduodenectomy in the Chinese PLA General Hospital

Reviewer code: 02460781

Science editor: Su-Xin Gou

Date sent for review: 2014-03-18 11:29

Date reviewed: 2014-03-24 13:34

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 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	BPG Search:	<input checked="" 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

1. It would be better to add the possible perioperative risk factors, such as age (under and over 70 years old, as reported by others), pre-operative jaundice (different classification), pancreatic texture, creatinine clearance abnormality, coronary artery disease, and other reported controversial factors. 2. The discussion should focus on the main results of the present study, especially, the different ones with others.

ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 10177

Title: Analysis of risk factors for postoperative pancreatic fistula following pancreaticoduodenectomy in the Chinese PLA General Hospital

Reviewer code: 00159291

Science editor: Su-Xin Gou

Date sent for review: 2014-03-18 11:29

Date reviewed: 2014-03-29 00:16

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	<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

It is an excellent written paper.

Please review and make few corrections:

1. Page 1. Abstract-Results: please specify exactly what is the diameter of the duct which influence the fistula rates and how.
2. Page 4. Line 5: "Three patients died..." should be "All three patients died.."
3. Page 4. Line 13: "Two periperative..." should be "Two perioperative...".
4. Page 4. Line 17-18: Please clarify what do you mean by external pancreatic juice draining. Also what do you mean in the entire paper by external pancreatic stent? It is not clear! It is an externalized stent through the abdominal wall, jejunum to the pancreatic duct, or just an internal stent from the duct inside the jejunal loop? Please clarify!
5. Page 5. Discussion line 2: "fetal delayed" should be "fatal delayed".
6. Page 5. Discussion. Lines 5-7: "The International Study Group on Pancreatic Fistula Definition (ISGPF) has recently proposed a standardized definition of POPF". Please specify the reference!
7. Page 6. Discussion: When mention reference 26 please, again, be very clear and explain what external pancreatic stent, internal, external drainage mean! Even for an expert the way you mentioned could be unclear.
8. Page 6. At the end please add that postoperative fistula is also the cause of mortality.
9. Overall please discuss the existent prospective studies in the field which confirmed on the most solid scientific base the role of duct diameter and pancreatic texture. Suggested reference: "Callery



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MP, Pratt WB, Kent TS, Chaikof EL, Vollmer CM Jr. A prospectively validated clinical risk score accurately predicts pancreatic fistula after pancreatoduodenectomy. J Am Coll Surg. 2013, 216:1-14".

ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 10177

Title: Analysis of risk factors for postoperative pancreatic fistula following pancreaticoduodenectomy in the Chinese PLA General Hospital

Reviewer code: 00057645

Science editor: Su-Xin Gou

Date sent for review: 2014-03-18 11:29

Date reviewed: 2014-04-05 00:50

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

In the manuscript titled "Analysis of risk factors for postoperative pancreatic fistula following pancreaticoduodenectomy in the Chinese PLA General Hospital" Qui- Yu Liu et al. shows the risk factors for pancreatic fistula in 196 patients undergoing PD in one year (2013). The overall percentage of fistulas of 64.3 % (126/196 patients) is high compared to what is reported in the literature, as well as the percentage of clinically relevant fistulas (CR-POPF 32.7 %, 64 patients). The overall mortality rate, however, is 1.5% and it is 2.4 % (3/ 126) in patients with pancreatic fistula (abdominal hemorrhage in all 3 cases), in line with the high volume international centers). Main criticisms of the manuscript are the followings: 1) The Authors should describe the possible reasons for the high incidence of fistulas, such as the number of different surgeons who performed the PD, PD number for each surgeon, indications for PD (ampullary tumors , distal cholangiocarcinoma, pancreatic cancer etc ...), pancreas texture; 2) in the Table 2 the Authors should describe also if patients underwent preoperative biliary drainage, that is a well known risk factor for postoperative complications. 3) in the current Table 3 the Odds Ratio and its 95% confidence interval should be reported, 4) Table 2 should be revised. The Authors should clearly describe how the univariate analysis was performed (patients with POPF of any grade versus no POPF in the first column? patients with CR-POPF versus no POPF-grade A POPF in the second column?) I suggest to make three table: the first one should concern baseline characteristics of patients, the second one should report univariate analysis of patients with and without POPF. The third table should report univariate analysis of patients with CR-POPF (POPF grade B and C) and



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patients without CR-POPF (POPF grade A and no POPF). All analyses performed have to be described in the manuscript.