

## ESPS PEER REVIEW REPORT

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

**ESPS manuscript NO:** 13845

**Title:** Does subtotal stomach-preserving pancreaticoduodenectomy improve delayed gastric emptying compared with pylorus preserving pancreaticoduodenectomy? A systematic review and meta-analysis

**Reviewer code:** 02527475

**Science editor:** Ya-Juan Ma

**Date sent for review:** 2014-09-04 16:58

**Date reviewed:** 2014-09-19 10:11

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 checked="" 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"/> Existing	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input type="checkbox"/> No records	<input type="checkbox"/> Major revision

## COMMENTS TO AUTHORS

ESPS 13845 This is a systematic review and meta analysis of the effect of reconstruction during pancreaticoduodenectomy (PD) on the occurrence of delayed gastric emptying (DGE) comparing pylorus-ring preserving procedure (PPPD) vs. subtotal stomach preserving procedure (SSPPD). The results indicated that the DGE was less in SSPPD, and SSPPD was associated with shorter operation time, shorter period of nasogastric intubation. This is a well-described review article, however the readers will have some questions to the obtained results. . Major comments 1. SSPPD can be indicated in patients with pancreatic head cancer involving the 2nd portion of the duodenum or the nodal metastasis at the root of the right gastroepiploic vessels. During SSPPD combined resection of the antrum and some part of the greater omentum is required. These conditions suggest that the operation time would be longer in SSPPD group than in PPPD group. Can the authors discuss the reason why operative time was shorter in SSPPD group? 2. As shown in Ref #29, resection of the pylorus ring might be associated with better passage of the gastro-jejunostomy. However, in other institutions, the incidence of DGE is even low in the group of PPPD. Do you have any hypothesis on the reason of increased incidence of DGE in PPPD group? Is it related to the "quality" of the anastomosis? Does mechanical anastomosis improve the passage?

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**Reviewer code:** 02954849

**Science editor:** Ya-Juan Ma

**Date sent for review:** 2014-09-04 16:58

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CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input checked="" 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"/> 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	<input type="checkbox"/> Existing	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input type="checkbox"/> No records	<input type="checkbox"/> Major revision

## COMMENTS TO AUTHORS

Dear authors, Thank you very much for fine report. This report was of great interest for me because it is the first complete pooled study to compare rates of DGE with the two surgical techniques, SSPPD vs. PPPD. The result was agreeable that no significant differences in complications between two studies was found. Limitations that most of the studies included in this study were retrospective did not seem to be a disadvantage, because I believe this study can be the good chart for decision of the surgical management for patients requiring pancreaticoduodenectomy and for further studies. I hope this report to be accepted soon.

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**Title:** Does subtotal stomach-preserving pancreaticoduodenectomy improve delayed gastric emptying compared with pylorus preserving pancreaticoduodenectomy? A systematic review and meta-analysis

**Reviewer code:** 02544379

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CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input checked="" type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
<input checked="" type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> Existing	<input checked="" 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"/> Existing	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input type="checkbox"/> No records	<input type="checkbox"/> Major revision

## COMMENTS TO AUTHORS

In their manuscript "Does subtotal stomach-preserving pancreaticoduodenectomy improve delayed gastric emptying compared with pylorus preserving pancreaticoduodenectomy? A systematic review and meta-analysis", the authors performed an extensive literature review and a meta-analysis comparing pylorus preserving pancreaticoduodenectomies to subtotal stomach-preserving pancreaticoduodenectomies with special focus on perioperative outcomes. This is an overall nicely written manuscript on an interesting topic. The evident limitations of this analysis including studies with and without ISGPS-DGE as well as inclusion of retrospective studies are pointed out. The introduction and the discussion section should point out as a side-note the differences between a classical Whipple and the subtotal stomach-preserving technique in the perioperative course in more detail to explain why the analysis was focused on SSPPDs. Typos: "Concusions: ..." compared to PPPD, especially DGE.. However" double . Core tip: "... However,, the differences" double ,