

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 16592

Title: Minimally invasive management of pancreatic pseudocysts

Reviewer's code: 02822979

Reviewer's country: Poland

Science editor: Ya-Juan Ma

Date sent for review: 2015-01-25 13:14

Date reviewed: 2015-03-12 04:52

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	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"/> The same title	<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"/> Duplicate publication	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input type="checkbox"/> Plagiarism	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input checked="" type="checkbox"/> No	<input type="checkbox"/> Major revision
		BPG Search:	
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

COMMENTS TO AUTHORS

Pancreatic pseudocyst is one of the most common problems associated with pancreatitis and pancreatic surgery. Therefore, the idea of presenting a structured review of modern approaches to minimally invasive treatments is well justified. The authors presented a comprehensive analysis of most therapeutic options, but the manuscript requires some major revision to improve its readability. 1. While the aim of the manuscript is to review minimally invasive treatments, the authors discuss to a considerable extent issues related to aetiology, diagnosis, and conservative treatment. This is somehow irrelevant and distracts the reader from the actual scope of the article. 2. The manuscript is a narrative description of nearly all therapeutic options for pseudocysts and it is very difficult to draw any clear conclusions or recommendations to be applied in clinical practice. Some statements are not supported by relevant citations (i.e. supplementation of pancreatic enzymes) or even are contradictory to previous sections. Therefore, results from randomized clinical trials comparing different therapies should be more emphasised and preferably summarised in tables with success rates and complications. 3. The authors referred to the most recent revision of the Atlanta classification, but did not comment on the fact that most previous studies on minimally invasive



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treatment of pancreatic pseudocysts used evidently different definition of a pseudocyt. Therefore, previous observations may have little applicability to the current clinical practice. 4. Some language correction is required.

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 16592

Title: Minimally invasive management of pancreatic pseudocysts

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CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	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"/> The same title	<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"/> Duplicate publication	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input checked="" type="checkbox"/> Plagiarism	<input checked="" type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		[Y] No	<input type="checkbox"/> Major revision
		BPG Search:	
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		[Y] No	

COMMENTS TO AUTHORS

This is an excellent review of pancreatic pseudocysts. It covers a number of areas but importantly reviews the treatment modalities. It is a little long winded and could do with some reduction in length, it also has a small number of grammatical errors that need addressing. There are some data that are proposed without good evidence to support their inclusion, these include the use of a low fat diet, pancreatic enzyme supplements and somatostatin analogues in the resolution of pancreatic pseudocysts. This should be made very clear in the text as I suspect that they are based on the authors clinical preference. The role of percutaneous drainage of pancreatic pseudocysts has fallen into disrepute in larger centres because of the risk of leaving a long term fistula and infection of the cyst contents in favour of either endoscopic guided or radiological guided insertion of stents into the cysts via (usually) the gastric lumen. Again I would suspect that the authors are rather keen on this approach and while it needs mentioning it should be made clear that in 2015 this is not a favoured approach. Overall the manuscript is well written and worthy of publication.

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 16592

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CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	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"/> The same title	<input type="checkbox"/> High priority for publication
<input checked="" type="checkbox"/> Grade C: Good		<input type="checkbox"/> Duplicate publication	
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Plagiarism	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade E: Poor	<input type="checkbox"/> Grade D: Rejected	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Minor revision
		BPG Search:	<input checked="" type="checkbox"/> Major revision
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

COMMENTS TO AUTHORS

Pancreatic pseudocyst (PPC) is a common problem to encounter and the authors tried to address issues of minimally invasive treatment for PPC. The manuscript is well written, but the manuscript does not contain most up-to-date information. In addition, many of times they simply enlisted many of points made by others and themselves, and some contents were repeated over again and again. As a result the manuscript is very loose. 1. According to revised Atlanta classification, the term pseudocyst is supposed to be used in limited cases. Some management of pseudocyst overlap with walled off necrosis, but success rate is much lower in walled off necrosis. Therefore, revised classification should be incorporated in the manuscript. 2. Title of the manuscript is 'Minimally invasive management of pancreatic pseudocysts', but the authors talked about almost all the aspects of pseudocyst. As a result the manuscript looks too redundant. For example, is it necessary to talk so much about imaging and differential diagnosis of pancreatic cysts diseases? Diagnosis of cystic diseases itself can be an item of another review article. (The authors did say that the topic of cystic neoplasms was broad and they would focus on the minimally invasive management.) However, 1/3 of the manuscript is about something other than minimally invasive management. If the authors like

to talk about various imaging tools, they better show the connection between those studies and minimally invasive studies. Also, I can understand why the authors like to talk about conservative treatments, but most of them do not have strong evidence that they worked. If it is so, they should not be mentioned too much. 3. Instead of just saying how treatment is made, showing figures will be helpful to understand. (At least, some images of pseudocyst should be shown) 4. Some statements made by the authors do not have references. For example, the authors said use of pancreatic enzyme have shown some benefit, but there is no reference for it. It appears that this statement is based on the authors' experience. I wonder whether it is appropriate to even mention treatment which does not have supportive data in review article. 5. Each treatment has its own indications, advantage and disadvantage. I do not think the authors addressed them adequately. They are probably key points in deciding which treatment to choose. 6. Some messages are not very clear because the authors stated self-contradicting statements in the same paragraph. For example, the authors said 'Somatostatin (octreotide) has an inhibitory effect on pancreatic exocrine secretion and it can be used to decrease of pancreatic secretion, leading to the resolution of PPC. Octreotide has also been used in conjunction with PCD of PPCs, resulting in a shorter drainage time.' in the beginning. It sounded as somatostatin can be used for the treatment of pseudocyst. Then they said 'The role of somatostatin in the management of PPCs is not clear because this treatment has not been adequately tested and only a handful of case series have been published.' After reading them all, I do not know whether the authors are recommending this treatment or not. 7. For transmural endoscopic drainage, there have to be more prerequisites. For example, distance between the cyst and the stomach or duodenum has to be measured. Also, the wall maturation has to be confirmed. There are also some other conditions to consider. However, the only indication I see in the manuscript is the compression of the cyst against digestive tract, which is not even considered as must-follow-indication in EUS age. What is your opinion on performing ERCP before transmural drainage? In addition, many of recommendations made by endoscopic society were not mentioned. There is no mentioning about use of antibiotics before endoscopic drainage or use of EUS before endoscopic treatment. Recently, several reports about using metal stent for drainage have

ESPS PEER-REVIEW REPORT

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Title: Minimally invasive management of pancreatic pseudocysts

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Science editor: Ya-Juan Ma

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CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	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"/> The same title	<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"/> Duplicate publication	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input checked="" type="checkbox"/> Plagiarism	<input checked="" type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		[Y] No	<input type="checkbox"/> Major revision
		BPG Search:	
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		[Y] No	

COMMENTS TO AUTHORS

In this article, the latest management of pancreatic pseudocysts is reviewed. I have only minor comments. 1. Many similar abbreviations, such as PPC, PD, PCD, make this article hard to read. For surgeons, PD usually means pancreatoduodenectomy. 2. ESGE is an abrupt abbreviation in the section of tranmural endoscopic drainage. 3. Maybe singular form "method" seems correct in the following sentence. Image-guided percutaneous drainage of PPCs is a well-established and relatively inexpensive drainage methods which involves either 4. Conclusion section may be unnecessary.

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 16592

Title: Minimally invasive management of pancreatic pseudocysts

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CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
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<input type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input checked="" type="checkbox"/> High priority for publication
<input checked="" type="checkbox"/> Grade C: Good		<input type="checkbox"/> Duplicate publication	
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Plagiarism	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade E: Poor		<input checked="" type="checkbox"/> No	<input type="checkbox"/> Minor revision
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		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

COMMENTS TO AUTHORS

This is a review article about the minimally invasive management of pancreatic pseudocyst. The authors mentioned about the diagnosis, indication for the intervention and the intervention procedure. This is well summarized and written. However, there were some points to be clarified. Major point 1, In EUS-guided pseudocyst drainage, author should mention about the use of self-expandable metallic stent, especially highly dedicated stent, including appropriate references. Minor points 1, In clinical presentation and laboratory findings, references were lacking in the third and forth sentences. 2, In page 10, references were lacking in the paragraph about pancreatic enzyme replacemet. 3. In page 13, the description of 'The technique involves pancreatic endoscopic sphincterotomy facilitating cannulation, balloon dilatation of the commonly detected PD strictures' is not true. There were no evidence that sphincterotomy could fasciitate cannulation.