

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 17183

Title: Diagnostic value of drain amylase to detect intrathoracic leakage after esophagectomy

Reviewer's code: 00227449

Reviewer's country: United States

Science editor: Yuan Qi

Date sent for review: 2015-02-24 09:29

Date reviewed: 2015-03-29 03:37

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 checked="" 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 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 checked="" type="checkbox"/> Minor revision
	<input type="checkbox"/> Grade D: Rejected	BPG Search:	<input 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

Using amylase to detect surgical leakage has its merit both scientifically and clinically. It is a simple inexpensive procedure that does not add risk to the patient recovery. The study design and data interpretation were both done carefully. In some cases, amylase increased after the clinical symptoms were observed (p. 9 top). Thus, amylase increases may be in addition can serve as an indicator of infection/poor wound healing. This should be addressed. Format issue: The figure legends should be in a different section, not as part of the main text.

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 17183

Title: Diagnostic value of drain amylase to detect intrathoracic leakage after esophagectomy

Reviewer's code: 02544637

Reviewer's country: China

Science editor: Yuan Qi

Date sent for review: 2015-02-24 09:29

Date reviewed: 2015-03-31 19:05

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	
		<input checked="" type="checkbox"/> No	

COMMENTS TO AUTHORS

“Diagnostic value of drain amylase to detect intrathoracic leakage after esophagectomy” presented by Berkelmans et al indicated that the measurement of amylase levels in drain fluid would be an easy way to detect anastomotic leakage early after MI-ILE. The study is interesting. It would be better if they combined Figure2A and Figure2B, and represented the “Median amylase levels for patients with or without AL” in the same figure.

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 17183

Title: Diagnostic value of drain amylase to detect intrathoracic leakage after esophagectomy

Reviewer's code: 00225277

Reviewer's country: Spain

Science editor: Yuan Qi

Date sent for review: 2015-02-24 09:29

Date reviewed: 2015-03-22 08:43

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
[Y] Grade A: Excellent	[Y] Grade A: Priority publishing	Google Search:	[] Accept
[] Grade B: Very good	[] Grade B: Minor language polishing	[] The same title	[] High priority for publication
[] Grade C: Good	[] Grade C: A great deal of language polishing	[] Duplicate publication	[] Rejection
[] Grade D: Fair	[] Grade D: Rejected	[Y] No	[Y] Minor revision
[] Grade E: Poor		BPG Search:	[] Major revision
		[] The same title	
		[] Duplicate publication	
		[] Plagiarism	
		[Y] No	

COMMENTS TO AUTHORS

The paper is an interesting analysis of the ability to detect anastomotic leakages (AL) early in patients undergoing Ivor-Lewis esophagectomy with the use of an easy, inexpensive test. In fact, anastomotic leakage is an important complication after esophagectomy, and it is also well known that early detection of AL is crucial to establish adequate treatment which will influence the prognosis. Amylase measurement is an easy detection method which has been used for the detection of anastomotic leakages in pancreatic surgery. The authors analyze whether amylase concentrations in drainage fluid are correlated with the presence of anastomotic leakage in these patients and demonstrate that this determination in the drainage fluid is able to detect AL early after esophageal surgery and before the onset of symptoms. The sensitivity of this test, however, is not very high. On the other hand, the specificity is high, and in this group of patients, suspicion of the presence of AL could induce changes in diagnostic and treatment approaches. Minor remarks Recommendations for further research In Discussion - studies on the influence of the outcome of early AL detection should also be considered. On page 5 -The signs and symptoms of AL recorded; it is difficult to



BAISHIDENG PUBLISHING GROUP INC

8226 Regency Drive, Pleasanton, CA 94588, USA

Telephone: +1-925-223-8242

Fax: +1-925-223-8243

E-mail: bpgoffice@wjgnet.com

<http://www.wjgnet.com>

consider data such as atrial fibrillation and delirium as having a relationship with this complication, even if these data had been observed in the series studied. Why did the percentage of AL treatment refer to the whole series of patients included in the study and not to the patients with complications? The paper is very interesting because it facilitates a new approach for early detection and management of side effects after esophagectomy.