

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 18725

Title: Intra-abdominal drainage following pancreatic resection. A systematic review.

Reviewer's code: 00039529

Reviewer's country: United States

Science editor: Jing Yu

Date sent for review: 2015-04-30 12:11

Date reviewed: 2015-04-30 22:56

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	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"/> The same title	<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"/> 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

Very impressive scholarship! I like everything about the paper but the Introduction (too long and got off the drain focus of the paper), and your Conclusion (you advocate selective drainage, but your data proves that ANY recommendation is premature). The Introduction could be cut by two thirds by concentrating on your main topic. You did the hard work by reviewing all the literature. Now why not accept the fact that current studies do not lead themselves to definitive conclusions. Trust your analysis, and change your conclusion. Please re-do and re-submit. Edward L. Bradley III MD

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 18725

Title: Intra-abdominal drainage following pancreatic resection. A systematic review.

Reviewer's code: 00058446

Reviewer's country: China

Science editor: Jing Yu

Date sent for review: 2015-04-30 12:11

Date reviewed: 2015-05-13 21:07

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	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"/> The same title	<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"/> Duplicate publication	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input checked="" 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

This a good systematic review about intra-abdominal drainage following pancreatic resection according to the PRISMA guidelines. This study analyzed the outcomes of pancreatic resection with and without intra-abdominal drains, comparing early versus late drain removal and analyzing different types of drains. Selective drain use in pancreatic surgery is necessary for the safety of patients. When drains are used, early removal is recommended according the specific situation after pancreatectomy. But the criterion of selective drain, early removal, or without drain should be clarified.