

ESPS PEER REVIEW REPORT

Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 14527

Title: Continuous suture of pancreatic stump and Braun enteroenterostomy are beneficial in pancreaticoduodenectomy

Reviewer code: 00068702

Science editor: Yuan Qi

Date sent for review: 2014-10-10 15:09

Date reviewed: 2014-10-20 11:09

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 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		BPG Search:	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor	<input type="checkbox"/> Grade D: Rejected	<input type="checkbox"/> Existing	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

COMMENTS TO AUTHORS

This well designed study showed that the modified operative technique can decrease the incidence rate of postoperative complications of PD. There were several writing mistakes that the authors should pay attentions. I list two of them. I recommend this manuscript to be published on WJG after minor revision. 1. The authors should state their conclusion by brief sentences with strong evidences from the study directly at the end of the manuscript. 2. It seems that reference 1 and 2 are repetitious, the reference label in the manuscript must be of confusion.

ESPS PEER REVIEW REPORT

Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 14527

Title: Continuous suture of pancreatic stump and Braun enteroenterostomy are beneficial in pancreaticoduodenectomy

Reviewer code: 00069340

Science editor: Yuan Qi

Date sent for review: 2014-10-10 15:09

Date reviewed: 2014-10-12 10:39

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 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		BPG Search:	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor	<input type="checkbox"/> Grade D: Rejected	<input type="checkbox"/> Existing	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

COMMENTS TO AUTHORS

The authors of this manuscript compared the pancreaticoduodenectomy with a mesh-like running suturing for pancreatic remnant and Braun's enteroenterostomy (Technique A) and standard pancreaticoduodenectomy (technique B) in patients receiving pancreaticoduodenectomy. The results showed that Technique A was independently associated with reduced clinically relevant postoperative pancreatic fistula (CR-POPF) and delayed gastric emptying (CR-DGE) although it had a longer operating time and mean time of pancreatic anastomosis in comparison with technique B. Concerns: 1. The study has a single center and retrospective nature and this may affect the representativeness of the findings. 2. Some descriptions need to be modified more clearly. For instance, "Technique A (PD with a mesh-like running suturing of pancreatic remnant and Braun's enteroenterostomy) was an independent risk factor for CR-POPF and CR-DGE, with an odd ratio of 0.266(95%CI: 0.109-0.654, P=0.004) for CR-POPF and 0.073 (95%CI: 0.010-0.578, P=0.013) for CR-DGE, respectively." I suggest: "Technique A (PD with a mesh-like running suturing of pancreatic remnant and Braun's enteroenterostomy) was independently associated with decreased CR-POPF and CR-DGE, with an odd ratio of 0.266 (95%CI: 0.109-0.654, P=0.004) for CR-POPF and 0.073 (95%CI: 0.010-0.578, P=0.013) for CR-DGE, respectively." 3. Table 2, the authors need to be specific about the Histopathological diagnosis of "Others". 4. What is "Approximate demographic data" meant?