

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 32196

Title: Simultaneous occurrence of autoimmune pancreatitis and pancreatic cancer in patients resected for focal pancreatic mass

Reviewer's code: 00503444

Reviewer's country: Italy

Science editor: Yuan Qi

Date sent for review: 2016-12-29 13:54

Date reviewed: 2017-01-02 15:45

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

1. The sentence in the terminology section should be modified: "Pancreatic cancer is usually an adenocarcinoma derived from pancreatic ductal cells". 2. Anyway, the section "terminology" is a repetition of sentences contained in the introduction section. 3. This sentence "Proper diagnosis of AIP is an indication for immunosuppressive therapy, but failure to recognize AIP results in surgical treatment, which is then deemed unnecessary." is a general comment because in this case series the main problem is that AIP patients having pancreatic ductal adenocarcinoma were not recognized before the surgical approach. Please revise 4. The high incidence of pancreatic cancer in patients with AIP is an intriguing finding that draws attention to the eventuality of synchronous presence of PC in patients with proven AIP: this sentence is not clear for physicians and should be reworded. 5. Discussing the accuracy of IgG4 serum levels, please add a comprehensive meta-analysis on this topic (Morselli-Labate AM, Pezzilli R. Usefulness of serum IgG4 in the diagnosis and follow up of autoimmune pancreatitis: A systematic literature review and meta-analysis. J Gastroenterol Hepatol. 2009 Jan;24(1):15-36.)

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 32196

Title: Simultaneous occurrence of autoimmune pancreatitis and pancreatic cancer in patients resected for focal pancreatic mass

Reviewer's code: 02650654

Reviewer's country: Italy

Science editor: Yuan Qi

Date sent for review: 2016-12-29 13:54

Date reviewed: 2016-12-29 15:21

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

The paper is interesting. I suggest to give more discussion about the severity of jaundice in case of pancreatic head cancer, to specify the most frequent localization of the cancer, if in the head, body or tail. It would be important to show some Ct or MR pictures, demonstrating the most important signs of this association. A flow-chart of the diagnostic procedure could help in reading the article.

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 32196

Title: Simultaneous occurrence of autoimmune pancreatitis and pancreatic cancer in patients resected for focal pancreatic mass

Reviewer's code: 03316921

Reviewer's country: Mexico

Science editor: Yuan Qi

Date sent for review: 2016-12-29 13:54

Date reviewed: 2016-12-30 00:20

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

Dear authors: Your work is very interesting; congratulations. I only have an observation: when you describe that an experienced pathologist reviewed the cases, it is subjective to say "experienced". So it would be helpful to add the number of AIP or PC cases reported by the pathologist, before the cases reported within the period of time described

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 32196

Title: Simultaneous occurrence of autoimmune pancreatitis and pancreatic cancer in patients resected for focal pancreatic mass

Reviewer's code: 02529835

Reviewer's country: United States

Science editor: Yuan Qi

Date sent for review: 2016-12-29 13:54

Date reviewed: 2017-01-12 23:04

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 checked="" 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

The study evaluated 15 cases of autoimmune pancreatitis (AIP) and 6 of them had simultaneous pancreatic carcinoma (PC). The authors found that the patients with AIP and PC were older, loss more weight and recently diagnosed of diabetes compared to AIP alone. Following points need to be addressed: Specific comments: 1. Given the different treatment option, separating PC from AIP is a clinical necessity. The differential approach, apparently not simple and straightforward, is of clinical significance which is the value of this study and has been explored and discussed to some extent, but not thoroughly. To me, the value we can draw from this study is to find all possible pre-surgery clues to separate PC from AIP. Authors are clearly aware of the limitation of their study, including small case number and incomplete pre-surgery workup. As said, among the 15 AIP patients in the study, none of them had a prior surgery diagnosis. For a retrospective study, one helpful suggestion is to analyze all AIP patients who received a definite diagnosis without surgery during the same period. Try to find more clues in the pre-surgery workup and prognosis to improve the diagnostic sensitivity and specificity. Maybe after comparison, some clues will emerge. 2. It will



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be helpful to provide a flow chart to demonstrate how to differentiate AIP from AIP+PC. 3. The author provided the highest count of IgG4 in patients with AIP and PC. Is the IgG4 expression patchy, multifocal or diffuse? 4. Complete data including AIP patients should be provided in table 3 which can be listed as type 1 (AIP, AIP+PC) and type 2 (AIP, AIP+PC). 5. The observation of different weight loss is interesting. Although there is no statistical significance in the absolute weight loss, is there any difference in the weight loss percentile compared to the baseline? Will it be different? 6. Other minor comments, add the initial of the pathologist who reviewed the cases in method. 6. In table 1, provide the normal range of Ca 19-9.

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 32196

Title: Simultaneous occurrence of autoimmune pancreatitis and pancreatic cancer in patients resected for focal pancreatic mass

Reviewer's code: 03475317

Reviewer's country: Spain

Science editor: Yuan Qi

Date sent for review: 2016-12-29 13:54

Date reviewed: 2017-01-09 19:49

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
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		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

Dear Authors This is an interesting study and the results are promising. However I would like to send you some coments about the manuscript. *In the Introduction section: 1) The term IgG4 systemic sclerosing disease should be changed by IgG4 related sclerosing disease. It's used more commonly. 2) You should include in the characteristics of type 1 AIP the presence of autoantibodies and extrapancreatic lessions. 3) It's wrong that focal pancreatic enlargement is more common than diffuse pancreatic elargement in AIP. Diffuse enlargement of the pancreas is more typical and specific of AIP. *In the methods section: 1) The diagnosis of AIP should have been done according to the ICDC criteria not only based on the histological findings. 2) Statistical analysis should be inproved: * Which software have been used for the data analysis? * The Mann-Withney U non-parametric test should be used for the comparation of quantitative data. 3) To complete the study, serum IGg4 levels should be measured in all patients, because it have been reported in several studies that increased serum IgG4 levels is useful to differentiate AIP (referred to type 1 AIP) from PC. The presence of autoantidodies and extrapancreatic lessions should have been

evaluated in all patients. In the Results section 1) Expression of data is confusing and are not presented properly. Data should be expressed as Median (Range) 2) In the Table 2 you should include Data are expressed as.. at the bottom. 3) The results included in the Table 2 regarding to the histopathological findings, should be explained more clearly, because the description is quite confusing. In the Discussion section: 1) Focal pancreatic lesions are less frequent than diffuse enlargement of the pancreas in AIP. 2) I'm not agree with this sentence: " Serum markers of AIP and pancreatic cancer are often not helpful in the diagnosis of either conditions". Several studies supported that increased serum IgG4 levels and some autoantibodies (Such as, serum anti-carbonic anhydrase II and anti- α amylase antibodies) are useful to differentiate AIP from pancreatic cancer. Additionally to give this conclusion, you should have determined this serological markers in your patients. 3) Could you give some appropriate explanation of this sentence? " It is likely that many patients with AIP-not otherwise specified (NOS) would be reclassified as AIP Type 2 after examination of their histological materials". 4) The high incidence of pancreatic adenocarcinoma in your patients with AIP, could be explained only by the design of the study because you have select only the patients with focal lesions. 5) The sentence in the discussion "AIP type 1 as a paraneoplastic phenomenon" is purely conjectural. The conclusion of the study is too long and confusing, you should give a more precise conclusion.