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ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 31934

Title: Outcomes and prognostic factors of patients with pancreatic cancer 2-4cm and >4cm groups according to 8th edition AJCC criteria

Reviewer's code: 00053888

Reviewer's country: United Kingdom

Science editor: Ze-Mao Gong

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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 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

This is a large retrospective study of patients undergoing resection for pancreatic adenocarcinoma. The authors have chosen to look at size as an absolute value for determining survival in patients having resection for pancreatic adenocarcinoma. To do this they have looked at AJCC stages IA & IIB, neither of which have any lymph node or distant metastases and are only different by the tumour size (>2cm/<4cm & >4cm). They have also looked at subgroups based on age and have again chosen an absolute cut off value of 65 years when age is of course a continually variable factor. Never the less the difference in survival between the two groups is interesting. Perhaps the most startling fact from the manuscript is what is not written nor demonstrated by the presented data but is implied and that is the impact of lymph node metastases, neurovascular invasion, resection margin status, etc because the survival in the patients presented is remarkably good compared with overall survival in resected pancreatic adenocarcinoma, implying that the patients excluded from this study have extremely poor survival. The manuscript is succinct and reasonably well written. The figures and tables are appropriate. There seems to be an indiscriminate use of capital letters throughout the manuscript



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which needs addressing. In addition there are some grammatical errors that also need correction.