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ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 30465

Title: Negative oncologic impact of poor postoperative pain control in left-sided pancreatic cancer

Reviewer's code: 00506106

Reviewer's country: Japan

Science editor: Ze-Mao Gong

Date sent for review: 2016-10-08 18:47

Date reviewed: 2016-10-10 16:54

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input checked="" type="checkbox"/> Grade A: Priority publishing	Google Search:	<input checked="" 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 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 is a retrospective study, but the data and information are important to us. The paper is well written too.



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ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 30465

Title: Negative oncologic impact of poor postoperative pain control in left-sided pancreatic cancer

Reviewer's code: 00058446

Reviewer's country: China

Science editor: Ze-Mao Gong

Date sent for review: 2016-10-08 18:47

Date reviewed: 2016-10-20 08:00

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 paracrine and neuroendocrine responses caused by surgical stress could promote tumor metastasis through direct action on residual malignant cells and by suppressing natural killer (NK) cell activity. Postsurgical pain could activate the sympathetic nervous system (SNS), leading to catecholamine secretion which directly inhibits NK cells, and downregulation of immunity after surgery is known to peak at postoperative day 3. This is a very interesting issue, but the association between postoperative pain control and oncologic outcomes in resected pancreatic ductal adenocarcinoma was not evaluated clearly.

1. The definition of "good pain control group" and "poor pain control group" should be clear standard
2. Is the impact of postoperative pain control related with the method of pain control ?
3. What is the mayor reason of poor postoperative pain control in left-sided pancreatic cancer ?



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ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 30465

Title: Negative oncologic impact of poor postoperative pain control in left-sided pancreatic cancer

Reviewer's code: 01191922

Reviewer's country: China

Science editor: Ze-Mao Gong

Date sent for review: 2016-10-08 18:47

Date reviewed: 2016-10-26 22:27

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 study evaluated the association between postoperative pain control and oncologic outcomes in resected PDAC. The results showed that poor pain control was an independent risk factor for both DFS and OS in resected left-sided pancreatic cancer, but not in patients received PD. This is very interesting. Minor revisions are needed before publication of this well written manuscript. In univariate analysis, intraoperative transfusion, positive lymph node status, greater tumor diameter (≥ 3 cm), and poor pain control were identified as prognostic factors for predicting DFS in resected left-sided pancreatic cancer. For OS, longer operation time (≥ 300 min), positive lymph node status, greater tumor diameter (≥ 3 cm), multivisceral resection, not receiving adjuvant treatment, and poor pain control were significant prognostic factors in univariate analysis. The multivariable Cox proportional hazards regression model included all of the categorized patient, resection, and tumor characteristics with log-rank P-values ≤ 0.150 . While Table 4 listed only significant factors including positive lymph node status, greater tumor diameter (≥ 3 cm), not receiving adjuvant treatment, and poor pain control. It would be better if the authors list the Exp (?), 95% CI and p values for other



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significant factors in univariate analysis in Table 4.