



PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

Manuscript NO: 47536

Title: Surgical techniques and postoperative management to prevent postoperative pancreatic fistula after pancreatic surgery

Reviewer's code: 03492099

Reviewer's country: Germany

Science editor: Ruo-Yu Ma

Reviewer accepted review: 2019-04-19 10:12

Reviewer performed review: 2019-04-26 14:40

Review time: 7 Days and 4 Hours

SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION	PEER-REVIEWER STATEMENTS
<input type="checkbox"/> Grade A: Excellent	<input checked="" type="checkbox"/> Grade A: Priority publishing	<input type="checkbox"/> Accept	Peer-Review:
<input type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language polishing	(High priority)	<input checked="" type="checkbox"/> Anonymous
<input checked="" type="checkbox"/> Grade C: Good		<input checked="" type="checkbox"/> Accept	<input type="checkbox"/> Onymous
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of language polishing	(General priority)	Peer-reviewer's expertise on the topic of the manuscript:
<input type="checkbox"/> Grade E: Do not publish	<input type="checkbox"/> Grade D: Rejection	<input type="checkbox"/> Minor revision	<input type="checkbox"/> Advanced
		<input type="checkbox"/> Major revision	<input checked="" type="checkbox"/> General
		<input type="checkbox"/> Rejection	<input type="checkbox"/> No expertise
			Conflicts-of-Interest:
			<input type="checkbox"/> Yes
			<input checked="" type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS

A well-written manuscript.

INITIAL REVIEW OF THE MANUSCRIPT



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7041 Koll Center Parkway, Suite
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Telephone: +1-925-223-8242
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PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

Manuscript NO: 47536

Title: Surgical techniques and postoperative management to prevent postoperative pancreatic fistula after pancreatic surgery

Reviewer's code: 00057983

Reviewer's country: Taiwan

Science editor: Ruo-Yu Ma

Reviewer accepted review: 2019-05-20 16:49

Reviewer performed review: 2019-05-27 03:41

Review time: 6 Days and 10 Hours

SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION	PEER-REVIEWER STATEMENTS
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	<input type="checkbox"/> Accept	Peer-Review:
<input type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language	(High priority)	<input type="checkbox"/> Anonymous
<input type="checkbox"/> Grade C: Good	polishing	<input type="checkbox"/> Accept	<input type="checkbox"/> Onymous
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of	(General priority)	Peer-reviewer's expertise on the
<input type="checkbox"/> Grade E: Do not	language polishing	<input type="checkbox"/> Minor revision	topic of the manuscript:
publish	<input type="checkbox"/> Grade D: Rejection	<input type="checkbox"/> Major revision	<input type="checkbox"/> Advanced
		<input type="checkbox"/> Rejection	<input type="checkbox"/> General
			<input type="checkbox"/> No expertise
			Conflicts-of-Interest:
			<input type="checkbox"/> Yes
			<input type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS

The authors have made a very good and global view of the issue of postoperative management to prevent postoperative pancreatic fistula after pancreatic surgery. I have the following comments. 1. The authors did not mention the use of surgical tissue



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adhesives to lower this postoperative complication. Please add related information in the text. One study (Fibrin sealants for the prevention of postoperative pancreatic fistula following pancreatic surgery) published in Cochrane Library 2018 could be listed as a reference (<https://doi.org/10.1002/14651858.CD009621.pub3>) 2. Please explain clearly the sentence “there is a possibility of reducing the occurrences of septic POPF because minimally invasive PD is performed under conditions where infection is less likely to occur”.

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PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

Manuscript NO: 47536

Title: Surgical techniques and postoperative management to prevent postoperative pancreatic fistula after pancreatic surgery

Reviewer's code: 02544032

Reviewer's country: Norway

Science editor: Ruo-Yu Ma

Reviewer accepted review: 2019-05-20 11:02

Reviewer performed review: 2019-05-28 12:01

Review time: 8 Days

SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION	PEER-REVIEWER STATEMENTS
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	<input type="checkbox"/> Accept	Peer-Review:
<input type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language	(High priority)	<input type="checkbox"/> Anonymous
<input checked="" type="checkbox"/> Grade C: Good	polishing	<input type="checkbox"/> Accept	<input type="checkbox"/> Onymous
<input type="checkbox"/> Grade D: Fair	<input checked="" type="checkbox"/> Grade C: A great deal of	(General priority)	Peer-reviewer's expertise on the
<input type="checkbox"/> Grade E: Do not	language polishing	<input type="checkbox"/> Minor revision	topic of the manuscript:
publish	<input type="checkbox"/> Grade D: Rejection	<input checked="" type="checkbox"/> Major revision	<input checked="" type="checkbox"/> Advanced
		<input type="checkbox"/> Rejection	<input type="checkbox"/> General
			<input type="checkbox"/> No expertise
			Conflicts-of-Interest:
			<input type="checkbox"/> Yes
			<input checked="" type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS

The manuscript of this invited review gives an overview of available literature on surgical techniques, developed to prevent postoperative pancreatic fistula (POPF). The headline suggest that also postoperative management of POPF will be an issue, but this



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is hardly mentioned in the text, and should also be avoided in the title. The paper is mostly well written, even though some sections appear “haphazard organized”. The following improvements should be included in a revised version: 1. The relationship outcome/patient volume (introduction) is briefly mentioned (p5) with arbitrary, old references (2003-2014). This should be more clearly expresses, and numerous recent references are available. 2. Frequency of POPF 5-30 % is mentioned (p6) – the range is even wider, and references should be altered accordingly. 3. The whole text is too long, and can easily be shortened by avoiding unnecessary details (ex, Kakita’s original report from 1996, p 8 – it may be referred, but briefly). 4. The haphazard flow of the text has to be rearranged. Ex: p12, lower part: Zangs report (from 2018) supports stent – in the next sentence: “Recent” RCTs do not” (Smyrniotis from 2010 and Imaizumi from 2006) – the real scientific development is “turned around”. 5. The scope of the review is too extensive, ie. some topics should be avoided. An obvious opportunity is the section: Less invasive surgeries (p 19-20), which is dealt with more superficially that others parts, and if it is kept in the manuscript has to be expanded. My advice is to drop this subject, generating necessary shortening. Even the two following pages might be avoided (on intraoperative drainage), but this theme is relevant for POFF frequency and it is a matter of discussion internationally, thus being highly relevant. But this also raises a problem: If the matter of drainage remains, also this subject needs “deeper diving”, and I find it most fruitful lot drop it. The paragraph on somatostatin analogue (misprint should be corrected) should remain – mostly appropriate already. 6. The conclusion text is mostly self-evident - needs to get “real information”. This applies also for the Core tips (p 3): How the authors worked is no issue here – tell the reader: What is the current status (evidence)? Others: The language needs improvements ex: “preventive ingenuities” (last line p 5) – is meaningless in this context.



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PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

Manuscript NO: 47536

Title: Surgical techniques and postoperative management to prevent postoperative pancreatic fistula after pancreatic surgery

Reviewer's code: 03271124

Reviewer's country: Thailand

Science editor: Ruo-Yu Ma

Reviewer accepted review: 2019-05-21 05:15

Reviewer performed review: 2019-05-31 01:59

Review time: 9 Days and 20 Hours

SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION	PEER-REVIEWER STATEMENTS
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	<input type="checkbox"/> Accept	Peer-Review:
<input type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language	(High priority)	<input checked="" type="checkbox"/> Anonymous
<input checked="" type="checkbox"/> Grade C: Good	polishing	<input type="checkbox"/> Accept	<input type="checkbox"/> Onymous
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of	(General priority)	Peer-reviewer's expertise on the
<input type="checkbox"/> Grade E: Do not	language polishing	<input checked="" type="checkbox"/> Minor revision	topic of the manuscript:
publish	<input type="checkbox"/> Grade D: Rejection	<input type="checkbox"/> Major revision	<input checked="" type="checkbox"/> Advanced
		<input type="checkbox"/> Rejection	<input type="checkbox"/> General
			<input type="checkbox"/> No expertise
			Conflicts-of-Interest:
			<input type="checkbox"/> Yes
			<input checked="" type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS

Dear author, The manuscript entitled "Surgical techniques and postoperative management to prevent postoperative pancreatic fistula after pancreatic surgery" was well written. Comments, 1. In the definition and incidence part, there are several



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studies recently try to investigate about this definition and validation of this definition. The discussion in this point would be great for manuscript. 2. In the pancreaticoduodenectomy part, there are two issues of the surgical technique for prevention of the POPF previously reported in literature. The discussion of the fibrin sealant and the omental wrapping technique should be added. 3. Please add the reference for this paragraph in the reconstruction methods part "Several meta-analysis results.....were relatively short." 4. For the perioperative management, does the preoperative biliary drainage can reduce the POPF?

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