

## PEER-REVIEW REPORT

**Name of journal:** *World Journal of Gastroenterology*

**Manuscript NO:** 84226

**Title:** Malignancy risk factors and prognostic variables of pancreatic mucinous cystic neoplasms in Chinese patients

**Provenance and peer review:** Unsolicited Manuscript; Externally peer reviewed

**Peer-review model:** Single blind

**Reviewer's code:** 05569437

**Position:** Editorial Board

**Academic degree:** MD, PhD

**Professional title:** Adjunct Professor, Attending Doctor, Postdoctoral Fellow, Surgical Oncologist

**Reviewer's Country/Territory:** Italy

**Author's Country/Territory:** China

**Manuscript submission date:** 2023-03-03

**Reviewer chosen by:** Geng-Long Liu

**Reviewer accepted review:** 2023-03-19 08:48

**Reviewer performed review:** 2023-03-28 13:02

**Review time:** 9 Days and 4 Hours

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input checked="" type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Novelty of this manuscript	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No novelty

<b>Creativity or innovation of this manuscript</b>	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No creativity or innovation
<b>Scientific significance of the conclusion in this manuscript</b>	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No scientific significance
<b>Language quality</b>	<input type="checkbox"/> Grade A: Priority publishing <input checked="" type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
<b>Conclusion</b>	<input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input checked="" type="checkbox"/> Major revision <input type="checkbox"/> Rejection
<b>Re-review</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Peer-reviewer statements</b>	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous
	Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

## SPECIFIC COMMENTS TO AUTHORS

In this single center retrospective study, the authors review the characteristics and outcomes of patients who underwent a pancreatic resection for MCN and investigated the factors associated with an increased risk of malignancy (invasive carcinoma or with atypical hyperplasia) associated with MCN (MCN-AIC) and with a decreased oncologic related survival among patients affected by MCN-AIC. this is a well written manuscript focused on a pancreatic disease rare and as such scarcely studied and investigated. My comments: - I suggest the authors to avoid using an acronym before reporting the extended version of the term the acronym refers to (see in the abstract: PR). - First line of the paragraph "Microscopi and immnuhisochemical features", "1 case of LGD" should be "1 case of HGD". - Paragraph "survival analysis and prognostic variables of MCN-AIC": starting from line 11 to 20: this section is not very clear to me: I suggest to rephrase the first sentence. In addition, It is not clear which patients the



**Baishideng  
Publishing  
Group**

7041 Koll Center Parkway, Suite  
160, Pleasanton, CA 94566, USA  
**Telephone:** +1-925-399-1568  
**E-mail:** [bpgoffice@wjgnet.com](mailto:bpgoffice@wjgnet.com)  
<https://www.wjgnet.com>

authors are referring to when they speak about when they report on CASE 1, 2 and 3. Are they the patients who died? - the discussion is very interesting but also very long: I suggest the authors to shorten it, for example by removing/shortening the paragraphs concerning the risk factors (for malignancy) which are known in the literature but were not confirmed in the current study. - a study limitation paragraph is lacking in the discussion: among eventual limitations, the small number of patients included in the current study should be highlighted. - I suggest the authors to comment on how this manuscript may impact on clinical practice: the risk factors for malignant MCN are quite similar to those of IPMN... Thus, should we manage MCN similar to IPMN? please comment on this.

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**Reviewer's code:** 03821481

**Position:** Peer Reviewer

**Academic degree:** MD, MSc

**Professional title:** Attending Doctor, Instructor, Surgeon

**Reviewer's Country/Territory:** Portugal

**Author's Country/Territory:** China

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**Reviewer chosen by:** Geng-Long Liu

**Reviewer accepted review:** 2023-03-30 10:04

**Reviewer performed review:** 2023-04-11 14:41

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Scientific quality	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Novelty of this manuscript	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No novelty
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<b>Peer-reviewer statements</b>	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous
	Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

## SPECIFIC COMMENTS TO AUTHORS

Thank you for your manuscript. I found it very interesting, with a direct impact in clinical practice. Pancreatic cystic neoplasms are more commonly diagnosed due to better imaging techniques but accurate characterization and management is not so straightforward. Standardized nomenclature and classification is essential. Precise radiology reports are lacking and many times mucinous neoplasms are only diagnosed post-operatively. Related to this, did all your patients have a CT scan, or some of them performed MRI / endoscopic US? Preferred imaging modality could be an interesting topic to review in your patients. Also, after performing image review was the conclusion the same as in the pre-operative report? Surgical data is somewhat lacking. Surgical intervention could be added but mostly R status is important when considering malignant MCNs; lymph node harvest could also impact prognosis. Your manuscript is missing some items in the STROBE guidelines (for example, title should indicate article type, inclusion / exclusion criteria are not specified, etc...) and the checklist should be completed and added to the submitted files. You can find other comments in the attached file (one typographic error page 8 - LGD instead of HGD).



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7041 Koll Center Parkway, Suite  
160, Pleasanton, CA 94566, USA  
**Telephone:** +1-925-399-1568  
**E-mail:** [bpgoffice@wjgnet.com](mailto:bpgoffice@wjgnet.com)  
**https://**[www.wjgnet.com](http://www.wjgnet.com)