



PEER-REVIEW REPORT

Name of journal: *World Journal of Gastrointestinal Surgery*

Manuscript NO: 74352

Title: Para-aortic lymph node involvement should not be a contraindication to resection of pancreatic ductal adenocarcinoma

Provenance and peer review: Invited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 06108018

Position: Peer Reviewer

Academic degree: MD

Professional title: Doctor

Reviewer's Country/Territory: Viet Nam

Author's Country/Territory: United Kingdom

Manuscript submission date: 2021-12-21

Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-12-21 14:26

Reviewer performed review: 2021-12-24 17:02

Review time: 3 Days and 2 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 Grade E: Do not publish
Language quality	<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
Conclusion	<input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input checked="" type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
Re-review	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No



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Peer-reviewer statements	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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SPECIFIC COMMENTS TO AUTHORS

1. It is great that you could put DFS in the article 2. Why did you not put PALN (+) in multivariable model for overall survival 3. You have one case that underwent distal pancreatectomy, why do you put only one case in the dat. Furthermore, the lymphatic pathway of the left side of the pancreas is quite different from the pancreatic head. So I think that it might affect the results. 4. Do you have a more detailed information about each LN station, the number of harvested LN, the number of positive LN, LN ratio? 5. Is there any risks/complications for patient who having PALN sampling? 6. Please recheck the term in the literature



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Peer-review model: Single blind

Reviewer's code: 02544757

Position: Editorial Board

Academic degree: MD, PhD

Professional title: Professor

Reviewer's Country/Territory: Taiwan

Author's Country/Territory: United Kingdom

Manuscript submission date: 2021-12-21

Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-12-21 13:46

Reviewer performed review: 2021-12-30 14:23

Review time: 9 Days

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
Language quality	<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
Conclusion	<input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input checked="" type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
Re-review	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No



Peer-reviewer statements	Peer-Review: [<input checked="" type="checkbox"/>] Anonymous [<input type="checkbox"/>] Onymous Conflicts-of-Interest: [<input type="checkbox"/>] Yes [<input checked="" type="checkbox"/>] No
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SPECIFIC COMMENTS TO AUTHORS

Considering that para-aortic lymph nodes (PALN) sampling during operation for patients with pancreatic ductal adenocarcinoma remains controversial, the authors aimed to explore whether metastases of PALN correlated with pathological nodes stage, disease-free survival (DFS) and overall survival (OS) of these patients. In this article, the authors showed PALN metastases was significantly associated with N2 stage, and poor DFS, and OS. However, among patients who received chemotherapy as neoadjuvant or adjuvant setting, the DFS and OS were not different between patients with PALN metastases and those without PALN metastases. Overall, this article provides the great information for surgeon in the management of patients with PDAC, there are few issues that should be improved: Major comments: 1. In the introduction section: the authors should provide more information of the standard for lymphadenectomy (where these lesions?) based on the ISGPS guideline. 2. In the methods section: 2.1 what are the common chemotherapy regimens for PDAC patients in your institute? 2.2 What the definition for DFS or OS in this cohort? The end date for following up these patients? 3. In the results section: As your mentioned that only patient had visible PALN metastasis via image? Would you provide the image of this patient? 4. In the discussion section: there are more information of different clinical outcomes regarding positive PALN in the discussion section? Would you provide a Table to summarize these findings? 5. There are few grammar errors in the whole manuscript?



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Peer-review model: Single blind

Reviewer's code: 05849479

Position: Peer Reviewer

Academic degree: MD

Professional title: Doctor

Reviewer's Country/Territory: China

Author's Country/Territory: United Kingdom

Manuscript submission date: 2021-12-21

Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-12-24 03:43

Reviewer performed review: 2022-01-04 11:22

Review time: 11 Days and 7 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
Language quality	<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
Conclusion	<input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input checked="" type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
Re-review	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No



Peer-reviewer statements	Peer-Review: [<input checked="" type="checkbox"/>] Anonymous [<input type="checkbox"/>] Onymous Conflicts-of-Interest: [<input type="checkbox"/>] Yes [<input checked="" type="checkbox"/>] No
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SPECIFIC COMMENTS TO AUTHORS

The aim of this study was to determine the prognostic significance of PALN metastases on the oncological outcomes after pancreatic resections for PDAC. It's a retrospective cohort study of data retrieved from a prospectively maintained database on consecutive patients undergoing pancreatectomies for PDAC where PALN was sampled between 2011 and 2020. The authors believed that they can actively deal with PALN instead of turning a blind eye, because active processing of PALN has no obvious loss on prognosis, or even benefits. To make the manuscript qualified for the journal, I believe there are a few issues the authors have to address:

1. The line spacing is different in many places in the text.
2. When analyzing OS, many articles divide it into time nodes of 1 year and 3 years, because other factors will also affect the accuracy of OS. For example, like PALN, the neurological invasion phenomenon greatly affects the prognosis. It has been documented that LN metastasis can trigger PN invasion, which may lead to peritoneal dissemination and a higher recurrence rate. Perineural infiltration is the only prognostic factor for 3-year OS. But in this article, these are not explained.
3. The patient's treatment range and whether to use chemotherapy (neoadjuvant chemotherapy or adjuvant chemotherapy) are related to many indicators, such as Tumor size, tumor location, and scope of invasion and so on. This article does not elaborate but directly summarizes the conclusions.