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## PEER-REVIEW REPORT

**Name of journal:** *World Journal of Gastrointestinal Surgery*

**Manuscript NO:** 85635

**Title:** Safety and feasibility of modified duct-to-mucosa pancreaticojejunostomy during pancreatoduodenectomy: A retrospective cohort study

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

**Peer-review model:** Single blind

**Reviewer's code:** 00077376

**Position:** Editorial Board

**Academic degree:** MD, PhD

**Professional title:** Professor

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

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

**Manuscript submission date:** 2023-05-20

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2023-05-27 06:54

**Reviewer performed review:** 2023-06-05 11:02

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

|                                             |                                                                                                                                                                                                                                      |
|---------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Scientific quality                          | <input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good<br><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 Grade E: Do not publish |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<br><input type="checkbox"/> Grade D: No novelty                                                 |
| Creativity or innovation of this manuscript | <input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair<br><input type="checkbox"/> Grade D: No creativity or innovation                                |

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|---------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <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<br><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)<br><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

The authors intends to determine possible prognostic factors and investigate the clinical effects of modified duct-to-mucosa pancreaticojejunostomy (PJ) on POPF development, and they concluded that modified duct-to-mucosa PJ was a simpler and more efficient technique that resulted in a lower incidence of POPF, compared with traditional end-to-side invagination PJ. PJ technique developed by the authors is very unique and interesting, however, I have the following questions and comments. (1) In the method of modified duct-to-mucosa PJ, the posterior wall of the pancreatic duct and the jejunal mucosa were continuously sutured with three to four 4-0 Prolene sutures. In your description, you do not perform any suture for anterior wall of the pancreatic duct and the jejunal mucosa after inserting the stent. Is this correct? (2) Where and how were drains inserted at the site of PJ anastomosis? (3) In the results, "As shown in Table 1, POPF development" should be "As shown in Table 2, POPF development", because Table 2 is univariate and multivariate analysis. (4) Table 1 is not described in the result section. (5) In the result, Table 2 does not match the description of the text, because Table 2 shows univariate and multivariate regression analysis. Anyway, Table

number does not match the result description. Table 2 may be missing.



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**Peer-review model:** Single blind

**Reviewer's code:** 03262127

**Position:** Peer Reviewer

**Academic degree:** MD, PhD

**Professional title:** Surgeon

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

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

**Manuscript submission date:** 2023-05-20

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

**Reviewer accepted review:** 2023-06-11 12:46

**Reviewer performed review:** 2023-06-21 23:47

**Review time:** 10 Days and 11 Hours

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

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|---------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Scientific significance of the conclusion in this manuscript</b> | <input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Good <input checked="" type="checkbox"/> Grade C: Fair<br><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)<br><input checked="" type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection          |
| <b>Re-review</b>                                                    | <input type="checkbox"/> Yes <input checked="" 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

Pancreaticoduodenectomy (PD) - Abstract - please use the same term throughout the text: pancreatoduodenectomy or pancreaticoduodenectomy. I think, the first one is better. major risk factors for postoperative pancreatic fistula (POPF) development (Abstract) - please use Abbreviation only. Core tip: please use abbreviations only where appropriate. Pancreaticoduodenectomy (PD) (Introduction) - see the comment above. 1 case of grade C POPF in the modified pancreaticojejunostomy group. However, in the traditional group, the number of cases at each grade was 20, 7 and 3, respectively. Obviously, modified pancreaticojejunostomy might attenuate POPF severity based on the comparison results (Results) - please use PJ but not full term (twice). risk factors for POPF included pancreaticojejunostomy method (Discussion) - see comment above. devleopment (Discussion) - development is right. binding pancreaticojejunostomy in the prevention of postoperative complications and death[22]. While Ratnayake's research favored duct-to-mucosa pancreaticogastrostomy[23] (Discussion) - please use PJ and PG. Topal B, Fieuws S, Aerts R, Weerts J, Feryn T, Roeyen G, Bertrand C, Hubert C, Janssens M, Closset J, Belgian Section of H, Pancreatic S.

(Ref. 17) - please correct the Section name (as listed in PubMed). Finally, I think that it would be very good if you included in the analysis (and mentioned in the text) the percentage of patients who underwent preoperative biliary drainage to relieve jaundice. The results of recent studies show that this is a significant risk factor for complications.