

ESPS Peer-review Report

Name of Journal: World Journal of Gastrointestinal Surgery

Ms: 2576

Title: Reconstruction of the hepatic artery with middle colic artery is feasible in distal pancreatectomy with celiac axis resection - a case report

Reviewer code: 02445442

Science editor: x.z.huang@wjgnet.com

Date sent for review: 2013-03-01 15:25

Date reviewed: 2013-03-09 01:18

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A (Excellent)	<input type="checkbox"/> Grade A: Priority Publishing	Google Search:	<input type="checkbox"/> Y] Accept
<input type="checkbox"/> Grade B (Very good)	<input type="checkbox"/> Y] Grade B: minor language polishing	<input type="checkbox"/> Existed	<input type="checkbox"/> High priority for publication
<input type="checkbox"/> Y] Grade C (Good)	<input type="checkbox"/> Grade C: a great deal of language polishing	<input type="checkbox"/> No records	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D (Fair)	<input type="checkbox"/> Grade D: rejected	<input type="checkbox"/> Existed	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)		<input type="checkbox"/> No records	<input type="checkbox"/> Major revision

COMMENTS

CONFIDENTIAL COMMENTS TO EDITOR:

The authors of this case report have done a good job in summarizing their case of distal pancreatectomy with en-bloc resection of the celiac axis and common hepatic artery. They restored hepatic arterial inflow by performing an anastomosis with the middle colic artery. This is certainly an aggressive surgical strategy and should only be offered in extremely selected cases. Despite their efforts, the patient recurred after 6 months and eventually died. I think this case report is worthwhile publishing because it feeds the discussion and controversy on arterial resection during curative resection for pancreatic cancer. The discussion has to focus more on this problem and true evidence that exists or lacks on survival benefit of such aggressive surgical strategy.

COMMENTS TO AUTHORS:

The authors of this case report have done a good job in summarizing their case of distal pancreatectomy with en-bloc resection of the celiac axis and common hepatic artery. They restored hepatic arterial inflow by performing an anastomosis with the middle colic artery. This is certainly an aggressive surgical strategy and should only be offered in extremely selected cases. Despite their efforts, the patient recurred after 6 months and eventually died. The case report feeds the discussion and controversy on arterial resection during curative resection for pancreatic cancer. **MAJOR:** - The discussion has to focus more on this problem and true evidence that exists or lacks on survival benefit of such aggressive surgical strategy. **MINOR:** - Use the more commonly known name Appleby's procedure whenever appropriate. - More precise description on how the middle colic artery was mobilized, at which level it was transected? - Write pathological stage in the manuscript - Was arterial invasion confirmed on histology, report this. - At recurrence, was there obstructive



Baishideng Publishing Group Co., Limited

Flat C, 23/F., Lucky Plaza,
315-321 Lockhart Road,
Wan Chai, Hong Kong, China

icterus, or was this cholangitis caused by an ischemic cholangiopathy? - Don't think the AAA history is really relevant to the story. Just write one sentence of medical history of the patient. - Written English may be improved.

ESPS Peer-review Report

Name of Journal: World Journal of Gastrointestinal Surgery

Ms: 2576

Title: Reconstruction of the hepatic artery with middle colic artery is feasible in distal pancreatectomy with celiac axis resection - a case report

Reviewer code: 02445426

Science editor: x.z.huang@wjgnet.com

Date sent for review: 2013-03-01 15:25

Date reviewed: 2013-04-02 20:38

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A (Excellent)	<input type="checkbox"/> Grade A: Priority Publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B (Very good)	<input checked="" type="checkbox"/> Grade B: minor language polishing	<input type="checkbox"/> Existed	<input type="checkbox"/> High priority for publication
<input checked="" type="checkbox"/> Grade C (Good)	<input type="checkbox"/> Grade C: a great deal of language polishing	<input type="checkbox"/> No records	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D (Fair)		BPG Search:	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)	<input type="checkbox"/> Grade D: rejected	<input type="checkbox"/> Existed	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

COMMENTS

CONFIDENTIAL COMMENTS TO EDITOR:

Suzuki et al reported a case of pancreatic cancer successfully resected by distal pancreatectomy with celiac axis resection and anastomosis between the proper hepatic artery and middle colic artery. The present report provides a novel surgical option for patients with pancreatic cancer who need reconstruction of the hepatic arterial blood flow. Although there are some minor points to be revised, I assume that this article would be acceptable for publication in the journal. Minor comments: 1) Did pathological examination of the surgical specimen reveal cancer invasion to the resected arteries, i.e., the splenic, celiac, common hepatic and gastroduodenal arteries? How was the surgical margin of the specimen? Was it pathologically R0 resection? 2) How was the total amount of bleeding and duration of operation? 3) The authors discussed that extended surgery for pancreatic carcinoma involving common hepatic artery and/or celiac axis would provide long-term survival, referring Hirano's article. However, surgical indication for such advanced pancreatic cancer is still controversial due to poor prognosis even after R0 resection. The authors should also mention on this point. 4) A figure of the ultrasonography should be added that presents good blood flow of the common hepatic artery after arterial reconstruction. 5) Erratum (first line of the Summary): "of the pancreas" is missing after "carcinoma in the body and tail".

COMMENTS TO AUTHORS:

Suzuki et al reported a case of pancreatic cancer successfully resected by distal pancreatectomy with celiac axis resection and anastomosis between the proper hepatic artery and middle colic artery. The present report provides a novel surgical option for patients with pancreatic cancer who need reconstruction of the hepatic



Baishideng Publishing Group Co., Limited

Flat C, 23/F., Lucky Plaza,
315-321 Lockhart Road,
Wan Chai, Hong Kong, China

arterial blood flow. There are some minor points to be revised. Minor comments: 1) Did pathological examination of the surgical specimen reveal cancer invasion to the resected arteries, i.e., the splenic, celiac, common hepatic and gastroduodenal arteries? How was the surgical margin of the specimen? Was it pathologically R0 resection? 2) How was the total amount of bleeding and duration of operation? 3) The authors discussed that extended surgery for pancreatic carcinoma involving common hepatic artery and/or celiac axis would provide long-term survival, referring Hirano' s article. However, surgical indication for such advanced pancreatic cancer is still controversial due to poor prognosis even after R0 resection. The authors should also mention on this point. 4) A figure of the ultrasonography should be added that presents good blood flow of the common hepatic artery after arterial reconstruction. 5) Erratum (first line of the Summary): “of the pancreas” is missing after “carcinoma in the body and tail” .