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## ESPS Peer-review Report

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

**ESPS Manuscript NO:** 11539

**Title:** GIST of the pancreas: Comprehensive literature review

**Reviewer code:** 00044289

**Science editor:** Fang-Fang Ji

**Date sent for review:** 2014-05-28 16:10

**Date reviewed:** 2014-05-30 17:14

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 type="checkbox"/> Grade B: minor language polishing	<input type="checkbox"/> Existed	<input type="checkbox"/> High priority for publication
<input 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)	<input type="checkbox"/> Grade D: rejected	BPG Search:	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)		<input type="checkbox"/> Existed	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

## COMMENTS TO AUTHORS

This paper comprises a case history, and a comprehensive review of the literature on pancreas GIST. The strength of the paper is that the authors have tried to collect available literature of the limited articles published on this topic. While a reliable “take home message” may be difficult to extract from this manuscript, as partly explained by the available literature, the authors should take into consideration a number of comments and concerns to improve the scientific content of their manuscript: 1. The conception “gastrointestinal system” ( please see on the 2nd line in the Introduction) sounds bad. Instead “gastrointestinal tract” should be used. 2. Selection of the literature is a little confusing; - in “Graphic-1” ( rename to “Figure 1” would be appropriate) the authors explain the selection process. My advice would be to exclude the 2 abstract presentations ( ref #11 and ref #?). I also guess that an “Editor’s Quiz”-paper , and 2 letters to the editor would be beyond the criteria to be included in this literature review. The repeated publications in JOP between 2010-11( refs #7, 8,14) with virtually the same “title” and concept(i.e a case report and review of the literature) seems a little surprising. It is also not easily explained how the authors define “pancreas GIST”. Are periampullary tumors included ? Histology of a tumor is often not available pre-operatively for patients surgically treated with a pancreatoduodenectomy. Did the authors consider recent publications from that perspective ( i.e. Yamashita S et al Am J Surg 2014; Slavik T et al Pancreas 2014...) ? 3. The case report should be shorter and more focused, and tumor markers used should be given. 4. Discussion part is too long( reduction by ≈25% is suggested) , and partly too general. The original publication (case report) on clinical effect of imatinib mesylate in a GIST patient should be given. 5. Split Table 1 in two tables; Table 1 for demographic and clinical characteristics,



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and Table 2 for morphological characteristics, treatments and outcomes 6. Grammar and linguistics should be carefully reevaluated.



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## ESPS Peer-review Report

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

**ESPS Manuscript NO:** 11539

**Title:** GIST of the pancreas: Comprehensive literature review

**Reviewer code:** 02549261

**Science editor:** Fang-Fang Ji

**Date sent for review:** 2014-05-28 16:10

**Date reviewed:** 2014-06-01 23:17

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A (Excellent)	<input checked="" type="checkbox"/> Grade A: Priority Publishing	Google Search:	<input checked="" type="checkbox"/> Accept
<input type="checkbox"/> Grade B (Very good)	<input 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)	<input type="checkbox"/> Grade D: rejected	BPG Search:	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)		<input type="checkbox"/> Existed	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

## COMMENTS TO AUTHORS

This review of the literature demonstrates that pancreatic EGIST is a very rare entity , often asymptomatic with a delayed diagnosis. Preoperative work up is comparable to those performed for the others pancreatic malignancies and surgical principles based on an oncological resection R0 to provide the best chance of cure. The role of neoadjuvant treatment with imatinib for locally advanced tumor, to down-size the tumor and increase its resectability, could be more discussed



**ESPS Peer-review Report**

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

**ESPS Manuscript NO:** 11539

**Title:** GIST of the pancreas: Comprehensive literature review

**Reviewer code:** 01588404

**Science editor:** Fang-Fang Ji

**Date sent for review:** 2014-05-28 16:10

**Date reviewed:** 2014-06-04 14:59

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)	<input type="checkbox"/> Grade D: rejected	BPG Search:	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)		<input type="checkbox"/> Existed	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

**COMMENTS TO AUTHORS**

his is an interesting case report with literature review of pancreatic GIST. The authors have done a better job of gathering historical cases than another review and case report published in January of this year which has been quoted by the authors (Tian YT, et al. Malignant extra-gastrointestinal stromal tumor of the pancreas: Report of two cases and review of the literature. World J Gastroenterol 2014;20:863-8 [PMID:24574760 DOI: 10.3748/wjg.v20.i3.863]) Major points 1. The Table which describes the different cases is too busy. That table is better suited to be presented as supplementary data. Rather, the authors should the demographics, presentation, tumor location and type of surgery in one table / text and Histopath characteristics and risk score in separate. Similarly the survival data also needs to be collated and presented in context of Risk score and tumor location. 2.Unnecessary details have been provided about the origins of imatinib in the discussion section. It should be confined to the dosage and duration of use and extrapolation of any data from GIST and how that may be relevant to EGISTs of pancreas. 3. The authors need to stress on the high risk stage of most Pancreatic EGISTs and compare that to the larger series of GIST. Minor points 1. The title does not specify that the authors are reporting a case and reviewing the literature. 2. The primary and secondary aims need to be reversed. The primary aim should be to report this case and secondary to evaluate the cases reported by others. 3. Graphic 1 may be omitted. 4.CT scan image is nonspecific for Head mass. Better to show original ct images where Liver and Lymph node secondaries were present followed by regression on Imatinib therapy and the current scan prior to resection