

PEER-REVIEW REPORT

Name of journal: *World Journal of Gastrointestinal Oncology*

Manuscript NO: 77834

Title: Efficacy and safety of laparoscopic radical resection following neoadjuvant therapy for pancreatic ductal adenocarcinoma: A retrospective study

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: 2022-05-23

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-05-30 13:15

Reviewer performed review: 2022-06-14 02:08

Review time: 14 Days and 12 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 Grade E: Do not publish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 type="checkbox"/> Grade B: Minor language polishing <input checked="" 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 type="checkbox"/> Minor revision <input checked="" 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

SPECIFIC COMMENTS TO AUTHORS

In this manuscript, the authors report on 15 cases of patients affected by pancreatic ductal adenocarcinoma (PDAC), who underwent a laparoscopic pancreatic resection (in 8 cases a Laparoscopic Pancreatoduodenectomy (LPD) for a PDAC of the pancreatic head and in 7 cases a laparoscopic RAMPS (L-RAMPS) for a PDAC of the pancreatic body/tail). All patients were affected by a borderline resectable or locally advanced tumor, for which an upfront resection was contraindicated, and all had a partial response to preop CHT which allowed for the surgical resection. In the era of multimodal oncosurgical management to PDAC and of development of minimally invasive surgical approach, a manuscript reporting the results of laparoscopic pancreatic resection after PDAC downstaging with preop CHT is welcome, however this manuscript deserves many comments: - the manuscript contains many grammatical, orthographic, and syntax errors: a review from an English mother tongue scientific editor is strongly recommended. - Methods: - I suggest to define the term AG (regimen), the first time it is used. - surgical procedures: please specify the pneumoperitoneum pressure value, the resection - reconstruction performed during LPD, how many drains were placed at the end of surgeries and where they were placed. - The "easy first" approach is not clear to me: please explain it in detail. - Results: - General outcome: "all were successfully converted to laparoscopic surgery after neoadjuvant....": this sentence sounds not adequate: actually, all patients were converted from borderline resectable or unresectable, to resectable. - results of pathological examination: "... and residual cancer was detected by multipoint

sampling in one patients": what does it mean? please explain. - Discussion:

- the discussion is too long, it should be shortened.
- the first paragraph is not clear, please correct or delete.
- The list of criteria for resectability after preop CHT is a repetition of a list already shown in the Methods section: please delete it .
- Similar for the paragraph where the authors describe the postoperative complications of study patients.
- The paragraph describing PDAC pathological changes due to CHT is potentially interesting, however a connection between different sentences is lacking, reducing the paragraph readability and clearness.
- In the limitation section, the authors should not simply enlist the study limitation, but also actions which should/may be put in place to mitigate such limitations.
- in conclusion, in the discussion the authors should compare the results from their study with pre-existing data from previous studies, speculate on their results, and try to describe their experience in a challenging situation represented by laparoscopic pancreatic resection following preop CHT.

PEER-REVIEW REPORT

Name of journal: *World Journal of Gastrointestinal Oncology*

Manuscript NO: 77834

Title: Efficacy and safety of laparoscopic radical resection following neoadjuvant therapy for pancreatic ductal adenocarcinoma: A retrospective study

Provenance and peer review: Unsolicited manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 05722857

Position: Peer Reviewer

Academic degree: MD, PhD

Professional title: Associate Professor

Reviewer's Country/Territory: Czech Republic

Author's Country/Territory: China

Manuscript submission date: 2022-05-23

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-06-20 16:41

Reviewer performed review: 2022-06-20 20:05

Review time: 3 Hours

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



**Baishideng
Publishing
Group**

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

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

SPECIFIC COMMENTS TO AUTHORS

Good work, important topic. Small number of patients, this topic deserve multicentric study.

RE-REVIEW REPORT OF REVISED MANUSCRIPT

Name of journal: *World Journal of Gastrointestinal Oncology*

Manuscript NO: 77834

Title: Efficacy and safety of laparoscopic radical resection following neoadjuvant therapy for pancreatic ductal adenocarcinoma: A retrospective study

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: 2022-05-23

Reviewer chosen by: Jing-Jie Wang

Reviewer accepted review: 2022-07-26 18:29

Reviewer performed review: 2022-07-26 22:24

Review time: 3 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 checked="" type="checkbox"/> Grade A: Priority publishing <input 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

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
-------------------------------------	---

SPECIFIC COMMENTS TO AUTHORS

I believe the manuscript has been significantly improved, I have some minor comments:

- I would change the sentence "After the operation, one abdominal drainage tube was placed above the pancreatic duct-jejunal anastomosis and below the bile duct-jejunal anastomosis, respectively" to "After the operation, one abdominal drainage tube was placed ahead the pancreatic duct-jejunal anastomosis and one behind the bile duct-jejunal anastomosis, respectively" (if I understand well two drains are placed, correct?). - In the text I can not find the reference #22. - The authors should consistently use the acronyms NACT and PDAC in the text, sometimes they still use the terms neoadjuvant chemotherapy and pancreatic cancer. - The discussion is still too long: it should be compressed in 6-7 paragraphs (about 3 pages with double spaced lines): please begin by shortening the paragraph concerning NACT ("At present, the optimum number of NACT cycles is still uncertain. ..."). - The postoperative results (and related management) should be removed from the discussion. A paragraph reporting postoperative results should be added in the Results section. - The points 2 and 3 reported in the paragraph "Our experience includes the following:...." are quite questionable and should be rephrased: in particular, point b) In some cases, the "artery-first" approach may be selected, as it helps to identify suitable layers during the operation. (with layers, do the authors mean "anatomical dissection planes"). Point c) For patients in whom it is difficult to establish a retropancreatic tunnel during the operation, the pancreas can be separated and resected at a position 2-3 cm to the left side of the superior mesenteric vein and then toward the right side where the superior mesenteric vein can be found." (This sentence is not clear, please explain better).