

ESPS Peer-review Report

Name of Journal: World Journal of Gastrointestinal Oncology

ESPS Manuscript NO: 5617

Title: Management of Afferent Loop Obstruction from Recurrent Metastatic Pancreatic Cancer Using a Venting Gastrojejunostomy

Reviewer code: 02455208

Science editor: Zhai, Huan-Huan

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CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A (Excellent)	<input checked="" 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 checked="" 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 TO AUTHORS

REVIEW REPORT Manuscript Number: 5617 Manuscript Title: Management of Afferent Loop Obstruction from Recurrent Metastatic Pancreatic Cancer Using a Venting Gastrojejunostomy The manuscript is about the management of recurrent pancreatic cancer. Due to the nature of the disease, this situation is quite common. In general, poor outcome of these patients, regardless the therapeutic procedure, poses ethical and technical considerations. There is no doubt that a minimal invasive/endoscopic procedure, whenever possible, is the best choice for the patient. However, it seems that in this case, there was no other option. The manuscript is well-written, concise and easy to comprehend. Venting Gastrojejunostomy for recurrent pancreatic cancer has not been described before. However, the concept of bowel by-pass for afferent loop syndrome in cancer patient is not novel. The authors describe a sound, "rescue" surgical option. But still, one have to decide whether there is a benefit for the patient, a decision not easy to make. From this point of view, the clinical significance of this management is ambiguous.