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

### ESPS Peer-review Report

**Name of Journal:** World Journal of Gastrointestinal Oncology

**ESPS Manuscript NO:** 5091

**Title:** Considerations on Pancreatic Exocrine Function after Pancreaticoduodenectomy

**Reviewer code:** 00069105

**Science editor:** Qi, Yuan

**Date sent for review:** 2013-08-15 11:38

**Date reviewed:** 2013-08-20 16:23

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 checked="" 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	<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 TO AUTHORS

Well written. Good english. Topic that usually is not well studied Congratulations to authors



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## ESPS Peer-review Report

**Name of Journal:** World Journal of Gastrointestinal Oncology

**ESPS Manuscript NO:** 5091

**Title:** Considerations on Pancreatic Exocrine Function after Pancreaticoduodenectomy

**Reviewer code:** 01557283

**Science editor:** Qi, Yuan

**Date sent for review:** 2013-08-15 11:38

**Date reviewed:** 2013-08-23 19:11

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

The aim of the present article is to review the exocrine pancreatic function according to the type of pancreatic anastomosis, i.e., pancreaticojejunostomy and pancreaticogastrostomy, performed after pancreaticoduodenectomy (PD). The authors well discussed according to their aim, but some further discussion may make the present review more attractive. Major comments. 1. As a late-phase complication after PD, non-alcoholic fatty liver disease (NAFLD) after surgery may be important because NAFLD may make it difficult to perform adjuvant chemotherapy especially in patients with pancreatic ductal adenocarcinoma. Can the authors discuss about NAFLD after PD according to the type of reconstruction? 2. In the retrospective study of the authors about fecal elastase, they described that no histology of chronic pancreatitis was found in the specimens in the patients. Does the description mean that the remnant pancreas was around normal in the patients and were the patients in whom the remnant pancreas presented with chronic pancreatitis excluded? 3. Recently, some articles have investigated the efficacy of Pancrelipase in patients undergoing PD. Pancrelipase may reduce the incidences of maldigestion and NAFLD after PD. Can the author discuss about Pancrelipase? Minor comments: 1. The number of cited reference should be small and be placed above: the most part of the stomach<sup>9</sup> (on the page 3). 2. The same error: pylorus resection PD<sup>7,8,9</sup>. (on the page 4), 3. The errors: trypsinogen and chemotrypsinogen<sup>14,23</sup> 4. Page 7; The PY group (Figure 3) must be changed to the PJ group.



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### ESPS Peer-review Report

**Name of Journal:** World Journal of Gastrointestinal Oncology

**ESPS Manuscript NO:** 5091

**Title:** Considerations on Pancreatic Exocrine Function after Pancreaticoduodenectomy

**Reviewer code:** 00057499

**Science editor:** Qi, Yuan

**Date sent for review:** 2013-08-15 11:38

**Date reviewed:** 2013-08-28 16:47

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A (Excellent)	<input type="checkbox"/> Grade A: Priority Publishing	Google Search:	<input checked="" type="checkbox"/> Accept
<input checked="" 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 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 research has important significance worthy of further evaluating the pancreatic exocrine function after pancreatic resection.